

We believe that once the students are engaged with the topic, particularly when the topic had been already discussed in the operating room, the participants' perception about the contents would increase unexpectedly and we hope that the gap between nurse education and anesthesia practice could be bridged.

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Undergraduate publication in Latin America: Role of Medical Students' Scientific Societies

Dear Sir

As all around the world, most medical schools in Latin America include research and methodology subjects in their curricula; however, these do not include (or do so poorly) scientific writing and publication topics. As assessed by Molina-Ordóñez et al. (2008) only a minimal amount of medical students think that they were well-prepared in this matter by their universities.

This scenario led Latin American medical students to form organized associations known as Medical Students' Scientific Societies. In an effort to combat these academic deficiencies and to increase their scientific productivity, two major strategies have been employed:

- (1) Development of students' scientific journals (Cabrera-Samith et al. 2010), which provide adequate frames for them to perform valuable research and achieve final publication goals, not only by publishing original articles, but also by communicating their clinical/learning experience by publishing case reports or letters to the editor. These journals have been indexed in important regional databases, such as SciELO, LILACS, IMBIOMED, Latindex and others. These journals motivate and stimulate students to carry out and publish their research, whose quality is constantly improving.
- (2) Implementation of frequent training programmes and permanent consultancies in research methodology, biostatistics, ethical issues, critical reading, scientific writing and publishing; in which medical students feel they learn more than in their schools (Molina-Ordóñez et al. 2008).

Latin American medical students are working together in these scientific societies to improve their scientific productivity and

through this gain experience in order that they may be protagonists of the change that Latin American health systems urgently need. However, in spite of their good efforts and the potentially beneficial outcomes, there is not enough support and investment in these associations. We hope this situation will soon change due to the key role these students are playing in developing a culture of the binomial 'research and publishing'.

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Bedside teaching

Dear Sir

Students like bedside teaching because it is patient-centred, contextualises knowledge and provides direct contact with experienced practitioners. Fifty years ago, three quarters of clinical teaching was at the bedside, but by 1978 one estimate suggested it had already decreased to less than a fifth (Collins et al. 1978), and a glance at many current student timetables indicates that it has declined even further since. This reduced exposure in undergraduate years may be partly responsible for declining clinical skills (Alam et al. 2010).

Bedside teaching opens the mind to the reality of clinical medicine that perhaps cannot be mimicked with an actor. The balance of being efficient with time, yet establishing a rapport with patients can be learned. Although some clinical signs and experiences can be simulated, many cannot (e.g. the tactile experience of hepatosplenomegaly or joint effusions).

The progressive decline of bedside teaching is the consequence of several factors. In increasingly busy hospitals, the availability of teachers is reduced as well as the availability of patients, who spend less time in hospital and have a generally 'busier' in-patient stay. Teachers, despite an interest in bedside teaching, now find themselves with broader roles in the hospital. There may also be a perception that the bedside teaching, as it was formerly practiced, is intruding or demeaning to patients.