



Letters to the editor

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LETTER TO THE EDITOR

An innovative method of global clinical research training using collaborative learning with Web 2.0 tools

Dear Sir

The scenario for clinical research has changed significantly with the phenomenon of globalization (Glickman et al. 2009). Over the past 10 years, the National Institutes of Health (NIH) have made the education and training of clinical and translational researchers, via the K30 and CTSA awards, an important priority. Therefore, novel training programs are essential for the new generation of clinical researchers. We developed a novel global training program based on the collaborative learning method using the interactive tools of Web 2.0. The use of this method has several advantages, such as (i) it allows greater participation especially for large size classes; (ii) it provides the opportunity for active participation that may increase academic motivation and skills; (iii) it is an easy method to provide instantaneous feedback and evaluation; (iv) the material that is generated by students can be used as examples in class; and (v) it allows an ongoing dialogue between teacher and student through comments (Learning Collaborative for Higher Education).

In 2008, we created a novel program on clinical research training using Web 2.0 tools. Our course is a 6-month distance-learning course combining traditional and novel learning approaches based in Boston (Harvard Medical School) and broadcast to several participating centers over the world. Most of the features of this course are web-based and include a discussion forum, blogs, weekly poll, podcasting, and the group-project in which students work on a mock grant application using the Wiki platform. In addition, interactions with faculty and staff are made through chat and use of a two-way video-conference system.

To preliminarily assess participation, we correlated forum participation with grades from a multiple-choice exam. There was significant differences between the final grade of the 25% participants with greater number of postings on the forum and participants with 25% less postings ($p=0.006$), such as that students with a larger number of posts had better grades than students with a low number of posts.

The development of Web 2.0 with tools such as the forum and blog offers opportunities for increased participation and learning. Forum of discussion and blogs are helpful to overcome some challenges for an international training program such as language barriers and physicians' schedules. Although web-based interaction seems beneficial, some conditions should exist for a meaningful interaction such as social networking. Here the role of the instructor is essential in motivating students to participate, particularly when most of

the students are not yet adept at using this novel learning method.

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Movies for use in public health training: A pilot method for movie selection and initial results

Dear Sir

Although movies have been utilized as an educational tool, there has been little documented use of movies in public health education. Indeed, we identified just one Medline-indexed study (Silbart 2006) which was on environmental health training. Similarly, a method for systematically identifying and ranking high-quality movies for public health training does not exist. We therefore aimed to pilot a method and use it to generate an initial selection of suitable movies for further evaluation.

To identify possible movies, systematic searches were undertaken of two large movie databases. These were the Internet Movie Database (IMDb) and the International Film Index (IFI). Search terms were derived from nine themes that were devised to encompass the broad scope of public health (e.g., global health and development issues; health protection from environmental hazards; and epidemics and outbreaks). If the entertainment value met the minimal criteria (using public and critic ratings from a popular movie review website: Rotten Tomatoes), the movies were then systematically evaluated for training suitability by two of the authors. A more detailed description of the method is in an online report (at: <http://www.bidmc.org/education/learningcollaborative>).

Using the search strategy we developed, it appeared feasible to systematically identify movies of potential educational value for public health training. Out of a total of 29 movies selected for viewing and more detailed assessment, the

top ranked 15 were selected as having reasonable potential for training. These movies are listed along with the discussion of their public health content at the preceding URL. But the top five movies selected were: 'And the Band Played On'; 'An Inconvenient Truth'; 'Who Killed the Electric Car?'; and 'Sicko' and 'Super Size Me'. There was a high correlation between scores of the movie assessors (Spearman's $\rho=0.80$, $p<0.00001$). Also 75% of the top 15 movies were found to be referred to in the peer-reviewed literature (based on Medline searches).

We are now further evaluating medical student responses to the selected top 15 movies, and preliminary student feedback is favorable along with data on DVD borrowing rates from the medical school library on the campus of our university.

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International accreditation process at a Latin American medical school: A 10-year experience

Dear Sir

In the modern world, the information revolution has brought a common body of medical knowledge to people everywhere that expect that their physicians will have a similar level of professional attainment. Thus, medical education should have a common set of core standards, which can be applied worldwide.

In 1999, the World Federation of Medical Educators (WFME) met in Copenhagen to define International Standards in basic medical education. Similarly, the Liaison Committee on Medical Education (LCME) established standards to accredit medical schools in North America. Although LCME accredits only MD programs in the US and Canada, the authorities of the Pontificia Universidad Católica de Chile Medical School (PUCMS) formally requested that they perform an assessment process, using the same North American standards. Our medical school was assessed in 1997, and this was the first international quality assurance experience for a Chilean Medical School. Our school carried out curriculum changes and staff development based on the report of the

evaluation committee. Four years later, PUCMS received full accreditation by the National Accreditation Committee according to Chilean standards. In 2007, our medical school again underwent a simulated survey under LCME standards (LCME 2008). Although preparing the self-assessment reports was time-consuming, both international visits proved to be catalysts for change in our educational program. We highlight the importance of the self-assessment process that recognize strengths and weaknesses of our medical school, and we strongly believe that external assessment processes, especially those based on international standards, are very important for the institutional and program development of medical schools (Sánchez et al. 2008).

The WFME, who opened the debate on international recognition of basic medical education institutions and programs, promotes the creation of National accreditation procedures. However, when proper accreditation is not feasible, it is recommended to work with partners on training programmes for advisors and assessors. This scenario is comparable with the Chilean context in the first evaluation of the PUCMS on 1997. We consider extremely useful to keep the evaluation based on LCME standards as part of our quality assurance system because it offers an external viewpoint with international standards.

In the future, the challenge for medical educators and institutions is to establish a core of international standards in medical education allowing differences between continents, countries and cultures.

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A temporary tattoo to simulate inflicted skin injury from child abuse

Dear Sir

The consequences of a 'missed' diagnosis of child abuse include risk of re-injury or death (Jenny et al. 1999). Education builds skills required to recognize maltreatment; however,

trainees have limited exposure to child abuse cases and there are inconsistencies in program requirements (Narayan et al. 2007). Educators use varied resources for teaching about child abuse including photographs, radiographs, computer-based modules, and make-up for simulations. We are reporting on the development of a novel educational tool, the temporary tattoo (TT), for enhancing the recognition of cutaneous manifestations of child abuse and our investigation of its potential utility during an in-training Objective Structured Clinical Exam (OSCE).

A digital photograph of a non-specific shaped bruise was taken and converted into a TT using a standardized color-matching system. The TT was applied to the upper arm of an infant standardized patient to simulate skin bruising. The instructions to the candidate explained that 'Sally' wanted a mark on her 6-week old's arm assessed. Eight pediatric residents completed a focused history, physical examination, and documented the skin finding. Following the OSCE, they completed a survey evaluating the TT.

All participants recognized the TT as inflicted injury and thought the TT could be useful in future child abuse simulations. Five of the eight said the TT was equally or more effective than other educational tools, such as, make-up, radiographs, photographs, and videos. One participant suggested that 'the TT is... great for patient cases (and) would be great on an OSCE for med students'.

The TT was easily applied and removed by invigilators and its appearance was constant for the OSCE duration. Documentation of the 'bruise' was consistent, with a deviation of ≤ 2 mm between measurements and most described the color of the lesion as being a variation of red.

Use of the TT in an OSCE was feasible and provided an interactive, hands-on encounter during which learners had the opportunity to independently experience a clinical situation of suspected child abuse. Participants endorsed the TT's effectiveness and potential for use in future medical simulation. The consistent documentation suggests that the TT could be used in examinations administered at different locations without compromising fidelity.

We report the successful, first time use of a TT to simulate inflicted bruising and anticipate that the future use of TTs of different patterns and color will increase the quality and quantity of child abuse education in medical training.

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Teaching of gross anatomy for students of medicine by mind map-based power point slides

Dear Sir

We read with interest the article by Farrand et al. (2002). They concluded that: mind mapping is effective tool for improving long-term memory by transmitting visual information in medical students. Because of the importance of the transmission of visual information in education of gross anatomy (Carmichael & Pawlina 2000), we selected mind map method for teaching of gross anatomy for the students of medicine. For this propose, the concepts of osteology was educated by classroom presentation of mind map-designed power point slides during the term time assigned for gross anatomy topics.

The study was conducted on 79 second-year medical undergraduate students in Ahvaz Jondishapour University of Medical Sciences. The students were divided into two equal groups: one group was educated by traditional slides while the other by mind map-based designed ones. At the end of the term, a multiple-choice, involving 40 questions, test (with negative score) was undertaken from two groups. The scores of the exams were calculated from 20 tests. The data was investigated using the analysis of variance (ANOVA) and paired *t*-test ($p < 0.05$). Results showed that the mean scores of females in mind map group were higher than that for traditional one ($p < 0.04$), while there were no significant differences in the mean scores of the males of two groups. The mean scores of females were significantly higher than the males in mind map group ($p < 0.02$) and although the mean scores of females in traditional group was higher, it was not significant.

The study showed the efficacy of mind map-based slides for the teaching of gross anatomy and found that the process of learning by this method is sex-dependent. The mind map technique would seem to be particularly suited to medical curricula based on problem-based learning, as both approaches support and encourage students to adopt a deeper level of learning.

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