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The impact of an international faculty development program on simulation-based healthcare education

Dear Sir

The dissemination of innovation in medical education including simulation-based healthcare education (SBHE) has been influenced by a Western bias. Countries less experienced with SBHE often import Western programs to initiate efforts for delivering simulation training. Acknowledging cultural differences, we sought to determine whether an SBHE faculty development program in the United States could be successfully transported for use in training teachers in Korea.

We adapted a multi-professional program from a pre-existing Western model. The process focused on prioritization of curricular elements based on local needs, translation of course materials, and delivery of the program in small group exercises. Evaluation data collected included: participant's simulation experience; participant's ratings of the course; and participant's self-assessment of the course's impact on their knowledge, skills, and attitudes (KSA) toward simulation teaching. Twenty-eight out of 30 participants strongly agreed or agreed that the course was excellent and relevant to their needs. Participants' assessment of the impact of the course on their KSA toward simulation teaching improved significantly.

Although the project is an adaptation from a well-operated model, it was challenging to overcome differences in culture, language, and educational systems. When transferring curricula to another country or culture, there is a risk of not appreciating these differences. A comprehensive development plan, including targeting barriers to change, with strategies at different levels, is needed to achieve successful transport of Western teaching program to a non-English speaking Asian culture.

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Digital photographs in clinical teaching of dermatology: What is their proper place?

Dear Sir

Despite the wide use of digital photographs in dermatology teaching, the relevance of this facility is rarely assessed. During our randomized controlled study, eligible medical students were divided into two groups: group A (n=54) was provided traditional clinical teaching and group B (n=54) benefited for a digital photograph-based teaching. Each group was subdivided in small subgroups comprising three students each. Then, we adopted a 3-week rotation. During this rotation, one subgroup from group A (three students) attended dermatology outpatient department once weekly. Each time, five real cases were discussed. In alternative days, a subgroup from group B was exposed to the same clinical cases using a projection of digital photograph slides. At the end of every 3-week rotation, an evaluation comprising two sections was administered to the two subgroups:

A subjective section using a 5-point- Likert-scale questionnaire.
An objective section which is to achieve correct diagnoses of suggested clinical cases.

Regarding the number of correct diagnoses provided by each student of different groups, the analysis of variance has shown that the different groups do not differ statistically between themselves ($F = 1.25$; $p = 0.29$). As for the Likert-scale questionnaire, Cronbach's alpha value was 0.607. We noted especially that the majority of students agreed or strongly agreed that digital photograph teaching is better than the traditional clinical teaching, as well it encouraged them to learn more about the discussed conditions.

Digital photograph-based teaching is a considerable solution to overcome the main issues encountered during conventional dermatology clinical teaching: shortage of trained faculty and inadequate teaching time (Kaliyadan et al. 2008). Using this educational method, the teacher has the possibility to choose the topics to be discussed during each session, and to replicate the same for other groups. It is also relevant to note that digital photograph-based teaching obeys a major criterion of an effective teaching since it encourages students to learn