References


The Role of E-Learning in Medical Education

To the Editor: The environment in which medical students learn today is vastly different than it was 20 years ago when the Internet was not such a dominant tool in medical education. E-learning platforms are now increasingly utilized by medical schools around the world and comprise adaptive tutorials, audiovisual clips, and virtual models. These educational media possess several distinct advantages over traditional didactic models of instruction, including the ability to update material in a timely manner to ensure delivery of the latest evidence-based content to trainees. E-learning has been demonstrated to be as effective as conventional didacticism and can be used to foster self-directed learning. It encourages medical students to exert greater control over their learning by allowing flexibility over content and pace. In such models, educators can evaluate competencies objectively through online assessments, enabling students to receive personalized feedback for self-improvement.

E-learning will undoubtedly have a significant impact on the environment in which future medical students learn. The gradual shift towards e-learning is seen as a catalyst for applying adult learning theory, which will see more medical educators taking on the role of facilitator and assessor of competency. Most medical students view e-learning as enjoyable and effective but, interestingly, do not see it replacing traditional didactic methods. Indeed, e-learning is often a complement to instructor-led methods in a blended approach. Studies on nursing and medical students have demonstrated that satisfaction is consistently higher in a blended learning environment compared with a traditional lecture setting. However, this satisfaction is not correlated with test scores, where there is often no significant difference between the two pedagogic approaches. Further research is needed to establish the role of blended learning in medical education.

Medical educators should continue to engage with e-learning in an effort to come up with innovative approaches to train medical students. As a medical student, I can attest that new educational methods are always appreciated and have the potential to provide better engagement compared with traditional didacticism.

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References


Build or Buy? Curricular Design and External Basic Sciences Learning Resources

To the Editor: In this fully digital age, the best teachers of any subject are available to any medical student, anywhere in the world, at any time through Web resources such as Pathoma,2 SketchyMedical,3 and others. The majority of a foundational sciences education can now be acquired for hundreds of dollars—a tiny fraction of tuition at most medical schools. The proliferation of these tools, now purchased and used by default by most students, raises important questions as to the value proposition of a traditional preclinical basic science curriculum that relies on locally created and delivered content. The future of basic sciences medical education is, therefore, a paradoxical combination of standardization and personalization.

The next sea change in medical education, already under way in some medical schools, is the move from a model that sold information (which is now available at a low cost, anywhere, anytime) to one that provides the personalized support and resources necessary for students to build a career launchpad aimed at their unique professional aspirations.

In today’s age of cheap information, tuition dollars and limited organizational resources should provide access to insight, guidance, and opportunity. Reallocating time, faculty effort, and scarce medical education budgets from a local content model to one that leverages best-in-class electronic tools would allow a school to redirect their energies towards curricular elements not deliverable at a distance, but crucial for creating the type of doctor most aligned with a school’s mission. And institutions, in turn, freed from the content-creation treadmill, could focus not only on curriculum customization and innovation—graduating learners with deeper experience in research, quality improvement, patient safety, leadership development, and beyond—but also on developing the future leaders of medicine.

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References


Effective Collaboration on Skin Disease Starts With Medical Education

To the Editor: As medical trainees, we are concerned about the paucity of training that nondon dermatologists receive in cutaneous pathology and