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LETTER

Views on group simulation in an integrated medical curriculum

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Dear editor

We read with great interest the article by Ginzburg et al,[1] regarding small group simulation with debrief, for first and second year medical students. Having completed four years at Liverpool Medical School, we agree that small group simulation assists in consolidating the knowledge of basic sciences. The article states that the majority of students agree that simulation followed by a debrief, illustrated the clinical relevance of basic sciences. What is more, students felt that these practices provided chances for direct application of scientific knowledge, as well as simulating real world experience. The development of clinical reasoning was also noted, and as medical students ourselves, we agree that this aspect is cemented by simulation scenarios.

Similarly, a study by Ander[2] states that a short course in simulation-based clinical skills is an effective means to teach third year medical students. Implying that simulation can be used throughout medical school, and that an integrated curriculum which includes simulation could be effective. Our thoughts concur with this as we have experienced simulation scenarios from second year onwards, and believe early exposure to have been beneficial.

The article "Simulation-based learning: Just like the real thing",[3] expresses that simulation training techniques and strategies can be applied as a measurement tool linked to learning objectives. Having been assessed on simulation scenarios, we agree that it is a great method for measuring progress and competency in students.

Shankar et al,[4] states that the transition to an integrated curriculum is challenging, but has significant advantages for learning, and preparing students for licensing exams and future practice. Simulation linked to an integrated medical curriculum appears to be an emerging educational opportunity, which can facilitate the understanding of basic scientific principles, and improve diagnostic decision making. Given our experience with simulation in an integrated curriculum, we concur with these opinions.

However, a limitation of simulation includes the cost, which needs to be considered.[4] Indeed, the main subject now is whether simulation should be a compulsory element of medical education, and how much of it is necessary in order to be effective.

Disclosure

The authors report no conflicts of interest in this communication.

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