



Net Letter

Reply to “How to improve dermatology teaching and learning at the undergraduate level? Recommendations by a faculty panel of Kerala state Branch of the Indian Association of Dermatologists, Venereologists, and Leprologists”: by Jagadeesan *et al.*

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Received: 24 July 2021
Accepted: 24 July 2021
EPub Ahead of Print: 10 August 2021
Published: 09 April 2022

DOI
10.25259/JSSTD_62_2021

Quick Response Code:



Dear Editor,

The article “How to improve dermatology teaching and learning at the undergraduate level? Recommendations by a faculty panel of Kerala state Branch of the Indian Association of Dermatologists, Venereologists, and Leprologists” by Jagadeesan *et al.* is well written, timely, relevant and very important.^[1] The shift to a competency-based, integrated, problem-based curriculum, including focus on professional behavior, attitude, and ethics, is welcome, in general.

In the context of dermatology, though, one area which is a weak link in the whole framework is assessment. Yes, a 360-degree assessment format is important, and as the authors mention, it needs to be combined with other forms of assessment targeting all four levels of the Miller’s Pyramid - knowledge (knows), competence (knows how), performance (shows how), and action (does).^[2] The problem, however, is that as of now, there is no real exclusive weightage for the dermatology marks. Whether it is “assessment of learning” or “assessment for learning,” the key is that assessment does drive learning. If the students realize that there are no significant consequences in terms of assessment, they are unlikely to put in a significant effort towards learning.

It is therefore imperative that dermatology must have a dedicated compartment in terms of marks allotted, as in the case of other allied specialties such as oto-rhino-laryngology and ophthalmology. Ideally, as the authors mention, this should be in the later stages of the course (6th or 8th semester). The assessment pattern should ideally combine 360-degree assessment with other assessment formats such as objective structured clinical evaluations (OSCEs) and written exams, in the form of multiple-choice questions and also possibly options like script concordance tests. The key here would be to have a proper blueprint, aligning assessment methods, teaching methods and intended learning outcomes. In the context of the coronavirus disease 2019 pandemic, we could even consider the use of e-OSCEs which has shown to be valid in the context of dermatology assessment.^[3]

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Ideally, small group teaching (not just in dermatology, but for all clinical rotations) should have at least a few sessions in the classical problem-based learning format, especially for rotations in the early stages, like the fourth semester, and these too should have an assessment component covering not just knowledge/comprehension, but also soft skills such as leadership skills and communication/presentation skills. Furthermore, the large group format could use methods like team-based learning, with a component of assessment factored in.

As the authors rightly point out, it goes without saying that a proper implementation of all the above-mentioned concepts will require well-structured and continuous faculty development programs.

Declaration of patient consent

Not required as there are no patients in this article.

Financial support and sponsorship

Nil.

Conflicts of interest

Dr. Feroze Kaliyadan is on the editorial board of the Journal.

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How to cite this article: Kaliyadan F. Reply to “How to improve dermatology teaching and learning at the undergraduate level? Recommendations by a faculty panel of Kerala state Branch of the Indian Association of Dermatologists, Venereologists, and Leprologists”: by Jagadeesan *et al.* *J Skin Sex Transm Dis* 2022;4:132-3.