LETTER to the EDITOR

Simulation for Education in Multiple Sclerosis

To the Editor

Halpern et al.¹ have presented an insightful report on the factors that create interest in providing multiple sclerosis (MS) care and subspecializing in MS among neurology residents.

One interesting fact to emerge was that residents clearly thought that patients with MS were difficult to care for and that subspecialization in this field would continually expose the fully trained specialist to patients with severe and challenging disease. Thus exposure to a broader range of patients, including those whose disease is mild, may increase interest among residents. However, this may not be straightforward if residents' training understandably requires them to work in tertiary-care centers where they help look after severely affected patients. This suggests that curricula and training programs may need to be revised—but how best to do this? The answer may lie outside of neurology education per se and within another educational paradigm.

Simulation is certainly one way of ensuring that learners get exposure to clinical scenarios that are not readily available by means of their traditional clinical experiences. Could exposure by means of high-fidelity simulation be a means to ensure that residents have a more rounded view of consultations among the majority of patients with MS? It is likely

to be worth exploring, not least because simulation enables other related and also important learning outcomes to be achieved. These include, but are not limited to, the ability of the learner to use simulation to learn communication as well as clinical skills, to practice these skills repeatedly until mastery has been achieved, to occasionally make mistakes without harming patients, and often to learn in an interprofessional environment. All of these are surely vital competencies that we would like to promote among all neurologists who specialize in MS.

Simulation may be one way of overcoming the problem of a biased case mix in medical education. Such simulation does not necessarily have to be high-technology and high-cost. Modest investments might be necessary, but they may well have significant returns.

— Kieran Walsh, FRCPI
Clinical Director, BMJ Learning, BMJ, BMA
House, Tavistock Square, London WC1H 9JR,
United Kingdom; kmwalsh@bmj.com

Financial Disclosures: The author has no conflicts of interest to disclose.

Reference

1. Halpern MT, Teixeira-Poit S, Kane HL, Frost AC, Keating M, Olmsted M. Interest in providing multiple sclerosis care and subspecializing in multiple sclerosis among neurology residents. *Int J MS Care*. 2014;16:26–38.

KEEP YOUR COOL with Kool Max®

The best-selling, most effective cooling vest for MS... worldwide!

- **LIGHTWEIGHT**
You control the weight from 2 lbs. to 5.5 lbs. by varying the number of packs used.
- **COMFORTABLE AND DISCREET**
Fully adjustable for a custom fit.
- **EFFICIENT AND LONG-LASTING**
Will cool for up to 4 hours and works well in any climate.
- **OPTIMAL COOLING RELIEF***
Packs are placed strategically along the spine. *Patent Pending.
- **THE MOST COST-EFFECTIVE CHOICE**
Affordable vests and accessories. Save money with a cooling kit!

Polar Products is a proud supplier for MS non-profit cooling programs nationwide.

POLAR Products A leading worldwide manufacturer of body cooling systems since 1984.
Give us a call at 1.800.763.8423 to request a catalog!
To see the most complete line of cooling vests and accessories, visit www.polarproducts.com.