Re: “Comparison of Online and Classroom-based Formats for Teaching Emergency Medicine to Medical Students in Uganda”

To the Editor:

I read with intense interest the article by Mahadevan and colleagues, “Comparison of Online and Classroom-based Formats for Teaching Emergency Medicine to Medical Students in Uganda,” published in the January 2018 issue of *Academic Emergency Medicine Education and Training*.¹ A shortage of specialists in emergency medicine is evident in Africa, and as outlined in the article, development of online medical education courses offers an alternative for face-to-face classrooms.² While the article is valuable in many respects, it neglects the important role of clinical workshops that accompany face-to-face classrooms. The authors do not discuss the professional implications of the absence of clinical workshops in online training as part of their study.

I read the article by Mahadevan and colleagues with deep interest because I am a member of trauma code activation team in emergency medicine (EM) department at a national trauma center in a country in the Middle East. For example, I together with 16 colleagues from seven different developing nations attended the following at a local venue organised by the Royal

College of Surgeons of Edinburgh (RCSed). First, Objective Structured Clinical Examination (OSCE) preparatory course for RCSed membership examination. Second, clinical workshop at a tertiary hospital, lead by a U.K.-based professor of medicine, two of his U.K.-based colleagues, and three local consultant surgeons; all RCS members. I find that the clinical workshop accompanying the lectures has significantly important implications for surgical medical practice.

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Reference

1. Mahadevan SV, Walker R, Kalanzi J, et al. Comparison of online and classroom-based formats for teaching emergency medicine to medical students in Uganda. *AEM Educ Train* 2018;2:5–9.