

Integrating Medical Emergencies into Dental Curricula

Medicine and medical education are constantly changing and improving. This is one of the attractions to working in healthcare and long may it continue. However, when a new medical treatment emerges, then this must be covered in curricula - possibly for both under- and post-graduates. Similarly, when an innovation in medical education occurs and is proved to be effective, then this innovation must also be incorporated into curricula. This is basically how curricula start to expand and indeed how they continue to expand until they reach breaking point and neither learners nor tutors can cope any longer. The problem is not a new one - here is Thomas Lewis on the subject nearly 80 years ago. "In considering the usual medical curriculum of today, and asking where in it clinical science is to play its part, I would start from the statement that this curriculum is already overloaded."^[1]

A recent study by Ehigiator *et al.* illustrates the problem well.^[2] In the study, the authors have presented the results of a survey on a group of Nigerian dental students' education on medical emergencies.^[2] Clearly, the reader can tell from their paper that there is considerable progress to be made before many dental students receive adequate education in this field. The question that remains however is how to achieve this goal? Those who have ever been involved in any form of medical or dental education will realize the problems caused by adding further content into a curriculum that is often already overfull. Enthusiasts for medical emergency education will make strong arguments for its inclusion in the curriculum, but will have compete with equally strong arguments from leaders in other departments.^[3] Even if the care of medical emergencies gets adequate mention in the curriculum, there is always a danger that the written curriculum will be different to the delivered curriculum which in turn will be different to the received curriculum. And that is not even to mention the hidden curriculum.^[4] And in the final analysis only the received curriculum matters. Hence, what is the best way to solve this dilemma?

It may be that the management of medical emergencies may get sufficient coverage, not by squeezing them into the curriculum, but by integrating and aligning them with other components

of the curriculum. For example as part of their dental clinical curricula, undergraduates must learn about anesthesia, sedation, and pain control - it would probably make sense to integrate this content with a medical emergency content - there is likely to be at least some overlap between the two. Similarly, dental emergencies, such as severe infections, allergic reactions or trauma, have much in common with medical emergencies - intelligent alignment could achieve considerable outcomes across both domains without overloading the curriculum. These two examples of integration are largely ones of content integration.^[5] A third and final example could be found in format integration. For example, dental students spend increasing amounts of time in simulation suites learning by means of dental simulations - these simulation suites are ideal environments to learn medical emergencies. Simulations with appropriate levels of fidelity and technology are likely to be rich and powerful learning experiences.

These are just some examples of things that could be done to help solve the problems that Ehigiator *et al.* outline. These solutions will likely help in this example - but might also be usefully applied in a range of other contexts - in both medical and dental education. The key is to now press ahead and implement them and then rigorously evaluate their effectiveness.

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Access this article online	
Quick Response Code: 	Website: www.amhsr.org
	DOI: 10.4103/2141-9248.141494

How to cite this article: Walsh K. Integrating medical emergencies into dental curricula. *Ann Med Health Sci Res* 2014;4:671.

Source of Support: Nil. Conflict of Interest: None declared.