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Editorial

Undergraduate Emergency Medicine Education: Problems and Challenges

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Editorial

Emergency Medicine (EM) is a medical specialty with the principal mission of evaluating, diagnosing, stabilizing, managing, and preventing unexpected illness and injury. This needs special competence in knowledge and skills [1,2]. Contents of EM include large amounts of general medicine and surgery. It requires achievement of skills shared by other specialties. Examples include resuscitations of patients (critical care medicine), management of difficult airway (anesthesia), reduction of the fractured bone (orthopedics), management of poisoning (medical toxicology), management of severe arrhythmias (cardiology), suicidal attempts (psychiatry), and protection of an abused child (pediatrics) [3].

Emergency Medicine (EM) as a specialty has the ability to enrich medical school curricula by providing students with diverse learning opportunities at all levels of education. There are opportunities to integrate EM teaching into first and second-year didactics in a wide range of courses such as pathophysiology, physical diagnosis, and medical ethics. Mentored EM interest groups serve to broaden students' preclinical exposure to EM and provide unique, "hands-on" educational opportunities [4]. During the clinical years, EM is often integrated into the curriculum either as part of a broader course heading or as a dedicated EM clerkship. Advantages of clinical education in EM include reinforcement of basic life support skills, learning differentiation and treatment of common acute problems, and assessment of the undifferentiated patient [5].

In 1982, John Bernard Henry, stated that "Every medical school graduate should possess at least a rudimentary competence in the management of medical and surgical emergencies" regarding EM education to an Association of American Medical Colleges [6,7]. Then after more than a decade later, in 1994, the Josiah Macy Jr. Foundation convened a conference on "The Role of Emergency Medicine in the Future of American Medical Care". All participants in this conferences agreed that every doctor should have the competent knowledge and skills to deal with any critically and emergency patients [8]. Dealing with critically ill and traumatized patients is an important part of medical school education. Also in this conference, Macy states that "every medical student has acquired the appropriate knowledge and skills to care for emergency patients," and this responsibility of medical bodies and governing bodies [9]. Also, Macy recommends that any medical graduates should be provided this skill "through educational experiences supervised by appropriately qualified emergency physicians" [10].

Over times, the number of EM departments and residency programs are increased within academic medical centers, despite that still the adequate competence and requirements of medical students in EM training an important and not reachable task [11]. In the academic medical centers, EM significantly grows as specialty and academic discipline, but this development is slow at the level of integration and the minimal mandatory EM contents within the medical school curriculum [12]. Even the EM rotation is not required in the majority of medical schools or not adequate, the number of EM residents and doctors interested in EM as specialty are increased [13].

The most critical and important experiences and exposures for the medical student during their undergraduate study are in an emergency and acute care [14,15]. EM contents and curricula prepare students to understand EM as a separate specialty. Also, concentrate on teaching basic and advances resuscitation, how to classify critical ill patients, and to perform common procedure and skills. EM as clerkships course is vary in length of time according to schools. Also, the course contact hours are variable and it does not reflect the real kind of exposure. There is little information about the actual experience and skill that students gain after their EM rotation or clerkship course [16].

Methods for achievement skills to graduates will vary from institution to another, these skills can be taught through a combination of direct patient care, classroom, and simulation training during the preclinical and clinical curriculum and there is likely no better clinical setting than the Emergency Departments to provide them with this type of training. Basic EM knowledge and skills gained throughout medical school can provide a sound foundation for a student to build on throughout their residency training, regardless of the career path that they choose [17]. Standardizing the EM clerkship courses in length and contents will improve experience and performance of students in their future life [18,19]. There is a lot of courses and specialty in the curriculum of medical schools, it took a long time and compete and affect teaching EM as a specialty. There for 4 weeks' clerkship course may be ideal [20].

In Germany, they did a nationwide revision to curriculum and regulations. They put "Emergency Medical Care" as requirements and interdisciplinary subject. This is increase emergency within the curriculum [21,22]. There are concept and perception in the United Kingdom UK among the general public and the health professional, that every doctor and physician can deal with emergency and hand critically ill ant traumatized patients [23]. Also in the UK, there is

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questionnaire study, which showed 100% of medical students receive training in Basic life support BLS. And some of them achieved compulsory advanced life support (ALS) [23].

Conclusion

In conclusion, any medical graduates should have essential competent knowledge and skills to deal with emergencies and critically ill patients. Medical schools and medical counsels are responsible for conducting, Applying and governing curriculum and content of EM.

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