

Teaching Emergency Medicine in medical schools: fact or fiction?

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Basic medical training in the Spanish state is primarily determined by two norms: first, very generally, by the European Directive 2005/36/EC¹, and second, in more detail, by the Order ECI/332/2008² of the Ministry of Education and Science. The type and characteristics of the material that should ensure student acquisition of competence by the end of their studies, and the training methodology, form the basis and content of their curriculum. In the Bachelor of Medicine (Degree in Medicine, in the terminology of European Higher Education Area-EHEA), the curriculum constitutes a dynamic process subject to constant periodic updating.

However, analysis of the evolution of curriculum content over time clearly shows that much of this, and the skills that students should acquire by the end of their studies, do not undergo major changes; i.e. there is broad agreement on the competence (set of knowledge, skills and attitudes) the graduate must have acquired by the end of the learning process. According to Royal Decree 1393/2007³, the final aim of the teaching for the degree is to endow the student with general training in one or more disciplines, geared toward preparation for professional activities. Thus, the recent graduate must have mastered certain specific skills, basic yet sufficient, that classically define the general practitioner. But to practise medicine in the public health system, this graduate must go through a process of specialized training (the MIR system), to perfect already acquired skills and learn new ones that will allow him or her to be recognized as having

the degree of Specialist in a particular area, after 4 or 5 years.

The curricula, therefore, form the basis of physician training, with very little variation in core material competence between faculties, although teaching methodology does often differ. Even so, and recognizing that new methodologies are the result of positive experience in improving the acquisition of certain skills, the fact remains that the majority of current professionals have been trained, highly satisfactorily, in more classical ways. Thus, aside from the important aspect of methodology, one of the key points in the debate on curriculum content is precisely the type, characteristics and learning model to be adopted. On this point, there are many opinions, all respectable, but at the same time, often subject to bias, unfortunately inevitable, by the parties involved^{4,5}. However, there is no doubt that the curriculum should be adapted continuously to constant advances, sometimes profound, in medicine, and the differences between medical schools probably lies in the speed and opportunity of this adaptation⁶.

In Spanish medical schools, the basic general content pertaining to urgent medical problems of disease and pathological conditions has long been taught and forms part of different clinical material contained in the curriculum. Moreover, as indicated by Coll-Vinent et al.⁷ in this issue of the journal, the curriculum offered by 22 out of the 28 medical schools in Spain contains at least one subject exclusively dealing with Emergency Medicine (EM), all of which gives an idea of its

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importance in medical training. More recently, the Order ECI/332/2008² lays the foundation for adapting the contents of medical school training to those of EHEA, and within this framework our medical schools must adapt their curricula content for comprehensive medical graduate training, including EM. Therefore, by no means may one adduce medical school disregard of EM.

Another question is what depth, type of content and learning model should be adopted to ensure the acquisition of these skills, all of which are subject to the expert opinion of professionals and academics responsible. Indeed, we must not forget that we have to reconcile the need for these skills with many others of the various educational fields, in order to ensure a balanced training that is sufficient and appropriate to the medical needs required by our society⁶.

This important objective is absolutely necessary, but not always easy to achieve since these discussion forums often suffer from something as rooted in the human condition as "the most important field is one's own" or may even be influenced by pressure from outside the educational setting. This is precisely what may lead to loss of credibility of a particular stance in forums whose objective is to take decisions that ensure the best possible integral training of students. Thus neither professional societies as a group, nor any of its members as individuals, should be tempted to utilize medical schools (or academic institutions in general) in their different forums, to achieve certain objectives that are not in accord with those institutions.

In regard to the learning model for EM educational contents, mostly transversal, any decision would, in principle, be adequate, but should always be made in response to a single goal: ensure that students acquire the skills required. In the current syllabus, these contents are seen in the respective clinical subjects. Moreover, since these skills are multiple and varied, like any other clinical material, it will be necessary to prioritize them according to their importance.

In this sense, virtually all of the recommendations proposed by the Spanish Society of Emergency Medicine (SEMES) undersecretariat for undergraduate training^{7,8} are already in the current syllabus, although the incorporation of any new proposed model can and should be debated in the appropriate academic-teaching forums. We must not forget that during the MIR specialized training period, the new resident will encounter

the best context for learning or improving a good number of these skills, some of them organizational and particular to each geographic area. And if, as envisaged in the law "Ley de Ordenación de las Profesiones Sanitarias" (LOPS)⁹, core courses are introduced into the MIR training system, these EM skills will presumably increase or, at least, be more homogeneous and participatory among specialties of the different disciplines involved.

In my opinion, we must reject the notion, so widespread in certain settings, that medical schools should elaborate their curricula as if physician training ended with the achievement of the bachelor's degree. That, to my mind, is just fiction, wrongly assumed only by those far removed from reality, since many skills should be acquired later in graduate programs, either in the MIR specialized training period or in continuing medical education programs.

Finally, the results of the other study by Coll-Vinent et al.¹⁰ published in this issue of EMERGENCIAS may be viewed as little more than anecdotal, although undoubtedly interesting and soundly based, in an attempt to shed some light on aspects previously mentioned here. Indeed, the high level of interest in the specialty of ME by the students (52.1%) contrasts with the low percentage (2.4%) who would in fact choose this as a first option. These results, undoubtedly due to the interaction of multiple factors, may be interpreted in many ways and not necessarily of a strictly vocational type. Moreover, in my opinion, this type of survey can not be used as a scientific argument to justify the creation of a specialty, which will most probably be recognized in the near future for many other reasons of a professional and / or organizational nature.

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