

Otorhinolaryngology, Head and Neck Surgery Training in Undergraduate Medical Education

EDITORIAL
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Determining the content of medical education, where students acquire knowledge and skills at certain standards, is an essential and demanding responsibility. Additionally, every otorhinolaryngology, head and neck surgery (ORL-HNS) specialist affiliated with medical faculties must ensure the delivery of a standardized and homogeneous education. This approach ensures that undergraduate students graduate with sufficient competence in the knowledge and skills required of a general practitioner.

As ORL-HNS specialists, we observe that this field, which holds a significant place in general practice, is underrepresented in undergraduate medical education. This observation is corroborated by feedback from both faculty members involved in training and students receiving the education. Furthermore, studies and literature indicate that ORL-HNS education is inadequately represented in undergraduate medical curricula, as reported by both educators and learners.¹⁻⁷

In a 2015 study, Fung analyzed data from countries with advanced medical education systems, such as the USA, Canada, and the United Kingdom. The study assessed the content, volume, structure, and methods of ORL-HNS education in undergraduate medical curricula. The findings confirm that ORL-HNS training is disproportionately underrepresented in many programs. Furthermore, medical school graduates, particularly those in primary care, frequently report feeling unprepared to manage ORL-HNS-related problems.¹

While ORL-HNS training is integrated into various years of medical education programs, it is primarily addressed during an ORL-HNS internship lasting 1.5 to 4 weeks in the 4th or 5th year.^{1,2,6-9} I consulted ORL-HNS professors in the Balkan region to assess the inclusion of ORL-HNS training in undergraduate medical education. Responses from eight out of twelve countries indicated that ORL-HNS training is provided in the 4th, 5th, or 6th year of a 6-year medical education program, with durations ranging from two weeks to one semester. Considering that approximately 25% of adult and 50% of pediatric cases in general practice are related to ORL-HNS conditions,¹⁰ we can conclude that the Balkan region is performing relatively well in terms of training duration.

In Turkey, however, ORL-HNS training in undergraduate medical education has one of the shortest durations. The "Undergraduate Medical Education National Core Training Program" (UCEP2020), was updated in 2020.¹¹ While the program still lacks sufficient coverage of common ORL-HNS conditions and emergencies (e.g., presbycusis, noise-induced hearing loss, sudden hearing loss), it has made significant strides. Newly added ORL-HNS related symptoms, basic medical practices, and related diseases have enhanced the curriculum.

Of the 141 topics under "clinical symptoms/findings/conditions" in the core training program, 43 directly relate to ORL-HNS, with 29 requiring greater emphasis in the curriculum. Similarly, 54 out of 342 "core diseases/clinical problems" pertain to ORL-HNS, 23 of which are primary ORL-HNS topics, and eight are identified as requiring more focus. Among "basic medical practices," 45 are related to ORL-HNS, with 13 specific to the field. Notably, most of these practices require proficiency levels that include independent diagnosis, treatment, and prevention.¹¹

Besides contributing to the formation of core programs, as providers of this education, we are responsible for ensuring that the ORL-HNS related topics included here are adequately addressed in the medical undergraduate education curriculum.

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