

Editorial

CHALLENGES IN THE INTEGRATION OF DENTAL CURRICULUM

Several scientific advances have occurred over the past few decades in dentistry, but the anticipated reduction in the oral health diseases indexes has not yet occurred. Integration in the dental curriculum is the key to produce scientifically based, clinically relevant, well informed, and socially responsible dental these graduates.

The social construction of dental curriculum occurs by identifying the agents, e.g., teachers, students, managers, and those who are involved in the performance evaluation. These stakeholders contribute to the choice of curriculum disciplines and their contents. Today the medical and dental educationists are faced with challenges such as lack of curriculum design in basic sciences, the need for different specialists around the students for bedside teaching, the uncertainty of the effectiveness of problem-based, case-based and task-based learning. Moreover, when one teacher instructs more than one subject as integration, the expertise of knowledge may not be united in all dimensions.

Our undergraduate student follows a fragmented curriculum pattern rather than the integrated one. Time constraints and allocation of different subjects in clinical and basic dental sciences are the most critical factors followed by the availability of trained faculty and teaching and learning resources. Political and bureaucratic involvement, implementation, and regulatory bodies are other barriers to the effective implementation of the integration of the curriculum.

Khyber College of Dentistry has sufficiently trained faculty in the field of medical education and research and can lead the dental fraternity and has the potential to overcome the challenges in integration and curriculum reforms.

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