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U.K. dental schools response to a questionnaire survey of endodontic curriculum guidelines

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Summary

Aim To evaluate the impact of European Society of Endodontology curriculum guidelines on undergraduate teaching in the UK.

Methodology A postal questionnaire was designed by two authors (WPS, GB) in 2003. This included open and closed questions relating to endodontic curricula and the impact of curriculum guidelines. This was sent with a cover letter to the thirteen UK undergraduate schools. Data harvest was completed a year after the initial questionnaires were sent. Responses were collated and analysed qualitatively and quantitatively.

Results Eight (62%) questionnaires were returned. Analysis revealed divergence from aspects of curriculum guidelines. Guidelines were applied by seven schools. Four schools had not applied guidelines related to endodontic surgery as this was taught by Departments of Oral Surgery. One respondent stated that the established curriculum was too inflexible to allow application. There was wide variation in curriculum structure with combinations of outcome, competency and problem-based learning. No schools had a separate department of Endodontology. All schools felt graduates should be competent at de-novo treatment of single and multi-rooted teeth. In general, competence was expected in single canal re-treatment but not multirooted teeth. Patient recruitment proved a major barrier to meeting guidelines. Number of cases to be completed by graduation ranged from 6 to 14 in total. Three schools felt that guidelines were not achievable citing lack of time, funds and appropriate staff.All schools provided operative techniques classes prior to clinical treatment. These ranged from 20 to 120 hours (mean 43, S.D. 35.24.). Cases completed in these classes varied. For single rooted teeth this ranged from one to six (mean 2.57). For multi-rooted teeth this ranged from one to three (mean 2.14). Most schools had at least one faculty member with a special interest in Endodontology. In seven schools however, teaching was also carried out by staff with no special interest. Five schools did not have a separate endodontic clinic. Five respondents had undergraduate learning in outreach centres. Trauma teaching was mainly carried out by in Departments of Paediatric Dentistry. **Conclusions** There is wide variation in the delivery of endodontic curricula in the U.K. Whilst curriculum guidelines are available, there are barriers to delivering these. Consideration should be given to revision of guidelines in light of their evident inapplicability in some areas.

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