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"Just in case to just in time" curriculum! Are we ready for this paradigm shift?

The advancements witnessed in the field of dentistry in the past decade have been colossal. Advances have trickled through every dental discipline such as three-dimensional imaging, digital dentistry, Invisalign and computer-aided prosthesis.

This growth in knowledge poses a daunting challenge to academics who struggle to incorporate all these advances into the dental curriculum, so that the fledgling dental professionals are kept abreast with the recent trends. We must, however, consciously be aware of the disease we may inadvertently cause to the curriculum, aptly termed as "Curriculomegaly."[1] This term simply means "curriculum growing out of proportion." It is for us to decipher, whether this growth is healthy and beneficial to learning or whether it is pathological, leading to burdened student learning.

I reflect on my undergraduate days when we were taught plentiful syndromes such as Rubinstein–Taybi syndrome and Gardner syndrome, made to work with outdated materials such as silicate cement and shellac base plates, and compelled to remember the composition of ancient and obsolete dental materials. If I ask myself "how much of this knowledge did I actually need or utilize in my clinical practice?" The answer would likely be "rarely" or "never."

We cannot blame the teachers as all these concepts are listed in the prescribed dental curriculum. Most often curriculum has been revised (though not regularly) with the objective of including details on recent advances, which is commendable. But somehow, we have forgotten to delete the obsolete information making our students learn outdated concepts such as "congenital syphilis" and the composition of developer and fixer[2] to name a few.

The formulation of our dental curriculum is based on the principle that "just in case" a student needs the information; they must know it. This "just in case" curriculum has led to an overload of needless information, which could be devoted to enhancing necessary skills such as effective communication with patients/parents, maintaining dental equipment, and prioritizing teaching of common diseases which affect our community.

The need of the hour is a paradigm shift from "just in case" to "just in time" dental education.

A "just in time" curriculum would have fewer obsolete topics and less information overload and would allow more time for teachers and students to concentrate on the essential skills of dentistry.

Evidently, implementing such changes in the dental curriculum cannot happen overnight, especially in a vast country like India. However, dental academicians can begin by reducing the burden of "just in case" curriculum through less frequent inclusion of such chapters in assessments and modifying teaching schedules to focus on delivering the essential skills necessary for Indian dental practitioners.

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