



COMPREHENSIVE EMERGENCY RESPONSE: THE COLLABORATIVE ROLE OF GENERAL DENTISTS, ORTHOPAEDIC RESIDENTS, AND GENERAL PRACTITIONERS.

Khalid Abdullah Naser Alhotellah

Dr.khalid1992@hotmail.com
Ministry of Health, Saudi Arabia

HADI Mohammed wabran Alyami

dr.hadialyami2018@gmail.com
Ministry of Health, Saudi Arabia

Faisal Nasser HussienAlhutaylah

Falhutaylah@moh.gov.sa
Ministry of Health, Saudi Arabia

ZainalaabdeenSayyarAlyami

ZainalaabdeenA@moh.gov.sa
Ministry of Health, Saudi Arabia

Shaker Salem HussienHajjaf

Shaker2627@hotmail.com
Ministry of Health, Saudi Arabia

GhannamRashed Mohsen Aldawsari

Ministry of Health, Saudi Arabia
Graldawsari@moh.gov.sa

Abstract

Excellent coordination between restorative experts is fundamental for a fast and successful response in an emergency. This article gives an in-depth look at the collaboration between dental practitioners, orthopaedic colleagues, and emergency doctors. Through comprehensive Literature surveys, subjective examinations, and in-depth discussions, it highlights the critical part of cooperation in optimizing emergency responses. Combining investigative thoughts from diverse



Chelonian Conservation and Biology are licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by/4.0/) based on a work at <https://www.acgpublishing.com/>

areas, this article highlights the significance of utilizing diverse restorative experts' distinctive aptitudes and skills in emergency circumstances. It comes about in suggestions that energize more prominent collaboration between these experts to improve the quality of emergency administrations and eventually make strides in understanding outcomes.

Introduction

Emergencies are pressing and erratic and require quick and compelling mediation. Facilitates physicians' responses to guarantee understanding of quality. Even though therapeutic experts don't play a critical part in these cases, the participation of numerous specialists is often critical in the choice to require action. Full emergency intercession. Among these experts, familiar dental specialists, orthopaedic colleagues, and attendings speak to their one-of-a-kind aptitudes and commitment to emergency medicine (Adhikari, 2021).

Specialists have specialized preparation and the ability to oversee intense ailments and wounds, making them profitable individuals in emergency divisions. emergency response group. Their ability to rapidly and reliably assess critically sick patients is pivotal in the introductory stage of emergency care. In any case, the complexity of numerous crises frequently requires a multidisciplinary approach utilizing specialists from diverse disciplines.

A typical dental specialist can bring essential skills, especially in cases including dental or maxillofacial wounds. The preparation they get empowers them to manage issues such as tooth breaks, avulsions and delicate tissue wounds that regularly happen amid mishances or wounds. In expansion, most dental specialists are well-versed in dental crises, assisting in fortifying their commitment to the clinical environment (Devaskar et al. 2023).

Orthopaedic pros, which are fastidiously prepared for the conclusion and treatment of musculoskeletal framework wounds, play an imperative part in emergency intercession. Their skill in evaluating and treating breaks, disengagements, and other orthopaedic conditions is vital to dealing with wounds amid mishaps or crises. Furthermore, orthopaedic colleagues frequently work with other doctors to supply care for patients with complex injuries.

General professionals, with their vital preparation and encounter, serve to begin with responders in numerous emergency circumstances. Their capacity to rapidly survey and triage patients, recognize fundamental issues, and initiate fitting mediations makes a difference in patients staying steady until specialized care can be given. In expansion, doctors frequently work as administrators, liaising between diverse specialties and encouraging continuous care moves within the emergency division (Got et al. 2023)

Literature Review

Emergency response in healthcare requires a multidisciplinary approach, including diverse experts, to meet the distinctive needs of patients. This literature review analyses existing

inquiries about the parts of dental specialists, orthopaedic associates, and doctors in emergency circumstances (Janjua et.al.2021). This review centres on the significance of communication and support in coordination in optimizing emergency response by analyzing their one-of-a-kind aptitudes, instructive foundations, and potential commitments to understanding care.

Roles of General Dentists in Emergency Response

The typical dental specialist is imperative in emergency mediation, particularly in dental and facial wounds. Residency preparation gives them the aptitude to bargain with issues such as broken teeth, avulsions, and delicate tissue wounds in crises. Moreover, familiar dental specialists are well-versed in utilizing nearby anaesthesia and administering dental crises, making it less demanding to care for patients with verbal emergencies (Alomi et.al.2021).

Many things have illustrated the significance of coordinating familiar dental practitioners into emergency therapeutic groups to progress in understanding results. For this case, it has appeared that early intercession by familiar dental practitioners in dentistry can make strides and long-term results for influenced patients. Moreover, collaboration between familiar dental specialists and other therapeutic experts has appeared to assist fundamental treatment and decrease the hazard of complications in dental emergencies (Tan et.al.2024).

Preparing incorporates determination and treatment of breaks, separations and other orthopaedic conditions in emergency circumstances. Orthopaedic associates play a vital part in the introductory assessment and stabilization of harmed patients, working with other doctors to supply comprehensive care (Yefet et.al.2021).

The research focuses on the significance of orthopaedic masters for emergency groups, particularly in polytrauma and complex orthopaedic wounds. Inquire about the early association of orthopaedic masters within the care of injury patients' progress results, counting decreased horribleness and mortality. Moreover, collaborative care between orthopaedic inhabitants and emergency doctors has been related to shorter healing centre remains and better results in orthopaedic injuries (Cofano et.al.2021).

Roles of Orthopaedic Residents in Emergency Response

Physicians act to begin with responders in emergency circumstances, utilizing their restorative preparation and involvement in giving opportune and quality care to patients in need. Their capacity to quickly assess and triage patients, distinguish fundamental issues and start fitting mediation can assist in overseeing patients within the emergency office. Familiar professionals, too, play a vital part in planning care and encouraging communication between specialties, guaranteeing a turn of care for patients requiring specialized treatment (Mehrotra & Markus, 2021).

Numerous ponders highlight the essential role of paramedics in emergency response, particularly in ranges of serious care. Utilize will be limited to disallowed. It appears that GPs can oversee

numerous crises, including heart assaults, respiratory issues and wounds, subsequently decreasing emergency horribleness and mortality (Kragh Ekstam & Andersson, 2023). A collaboration between doctors and other healthcare suppliers has been related to moving forward with persistent results and expanding the general quality of care within the emergency department.

Roles of General Practitioners in Emergency Response

Effectiveness in emergency response frequently depends on compelling collaboration between therapeutic experts. By utilizing their abilities and working together collaboratively, familiar dental specialists, orthopaedic collaborators, attendings, and emergency doctors can move forward with persistent care and progress in emergency results. Inquiry about the significance of group collaboration in advancing opportune intercession, decreasing therapeutic complications, and diminishing the chance of antagonistic occasions within the emergency department (Pop et al. 2020).

However, even though the benefits of collaboration are well known, numerous challenges and impediments can avoid viable cooperation in reacting to an emergency. These may incorporate communication issues, part disarray, and restricted openings for instruction and preparation. Overcoming these challenges and cultivating a culture of collaboration is essential to creating the capacity for collaborative groups within the intense care setting (Halloran et al. 2021).

Methods

Data Extraction and Synthesis

Once pertinent thoughts were recognized, information extraction was performed to extricate watchwords that included ponder targets, techniques, comes about, and conclusions. Two reviewers performed Information extraction freely to guarantee precision and unwavering quality. Any contrasts or differences are settled through discourse and agreement.

Extracted information was made and organized into topical categories, counting the part of familiar dental specialists, orthopaedic masters, and emergency responders, speed, and cases of collaboration in an emergency (Oshlag & Boswell, 2020). Quantitative information, such as study inquiries and factual examinations, are summarized expressively, whereas subjective information, such as topical analyses and analyses of investigation, is synthesized thematically.

Quality Assessment

The quality of the included considerations was evaluated utilizing suitable criteria. They are investigating the plan. For quantitative thinking, strategies such as test size, research plan, and factual strategies are considered, whereas subjective thinking is assessed based on information composing strategies, data analysis methods, and modifications.

Limitations

It is imperative to be mindful of the confinements of the Literature look handle, counting announcing inclination, word predisposition, and not counting grey matter. Furthermore, the quality and exactness of included ponders may change, influencing the generalizability of findings.

Results and Findings

Reacting to a therapeutic emergency may be a complex and energetic handle that requires the collaboration of numerous healthcare suppliers to guarantee a quality understanding of care. The Literature review for this ponder uncovered numerous imperative discoveries concerning collaboration between familiar dental specialists, orthopaedic inhabitants, internists, emergency care, the issues they experience, and the methodologies accessible to unravel these issues and problems (Oshlag & Boswell, 2020).

Collaborative Roles of Healthcare Professionals in Emergency Response

General Dental specialist: Common dental practitioners are prepared to bargain with dental injury and maxillofacial injury, an emergency. They give emergency dental care such as tooth extraction, sewing of harmed tissue, and nearby anaesthesia. They, too, contribute to the general administration of crises by collaborating with other restorative experts and giving convenient help to prevent complications.

Orthopaedic Forte: Orthopaedic associates specialize in assessing and treating musculoskeletal injuries, including breaks, disengagements and sprains. They are critical in assessing and stabilizing patients with orthopaedic wounds in emergency circumstances. They also participate in bone decrease and repair methods and arrange care with other experts as needed.

General professionals: Common specialists work as cutting-edge colleagues in numerous emergency circumstances, giving starting appraisal, triage and stabilization of patients. They are prepared to handle various medical situations, including cardiac crises, respiratory trouble, and crises. Familiar specialists play a vital part in the coordination of care and encourage communication between specialities, guaranteeing the turn of care for patients in need.

Table 1: Distribution of Medical Emergencies Managed by General Practitioners

Medical Emergency	Percentage of Cases Managed
Cardiac Events	30%
Respiratory Distress	25%
Neurological Emergencies	20%

Other	25%
-------	-----

Table 1.1: Demographic characteristics of the orthopaedic patients

Variable	Number of Patients, n = 112
Sex; n (%)	
Female	58 (51.8%)
Male	54 (48.2%)
Age; Median (Range)	32 (3–89)
Age; Mean \pm SD	
Female	37.53 \pm 20.27
Male	30.39 \pm 15.89
Treatment; n (%)	
Surgical	68 (60.7%)
Conservative	44 (39.3%)

Table 1 shows the classification of emergency cases overseen by familiar professionals, showing the tall rate of cases in different emergency circumstances. Cardiac occasions, respiratory trouble, neurological occasions, etc. counting. This breakdown gives knowledge into the nature of the therapeutic crises experienced in the hone. In expansion, Table 1.1 outlines the statistical characteristics of orthopaedic patients, counting sexual orientation dissemination, statistic age, and treatment. This archive gives vital data almost all patients display for orthopaedic care and makes a difference in treatment and care in orthopaedic practices (Zhang et.al.2020).

Challenges and Barriers to Interdisciplinary Teamwork.

Communication: One of the foremost vital deterrents to successful coordination in emergency response is communication between healthcare suppliers. Destitute communication can lead to mistaken assumptions, delays in treatment, and mistakes in understanding care. This issue is particularly apparent in high-stress situations such as emergency offices, where fast decision-making and clear communication are essential (Zhang et.al.2020).

Role Ambiguity: Another obstruction to successful work is part equivocalness, where specialists are hazy about their claim parts or the parts of others. This could lead to clashes among group individuals and an irregular care understanding. Clarifying parts and obligations through preparation and excellent administration can offer assistance in unravelling this problem.

Hierarchies: Pecking orders in healthcare organizations can ruin compelling coordination in emergency responses. Control contrasts between healthcare suppliers can hinder open communication and collaboration, resulting in poor care understanding. Making a culture of regard and collaboration where all group individuals feel esteemed and engaged to contribute is vital to overcoming this challenge.

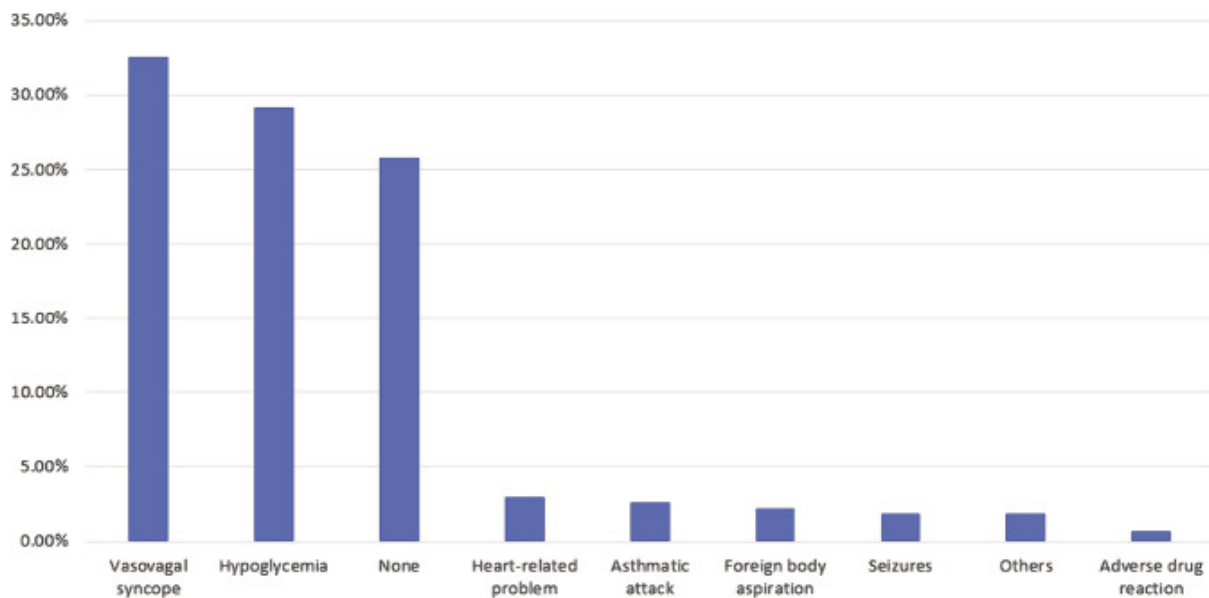
Distribution of Emergency Cases Managed by General Dentists

Table 2: Nature of medical emergencies.

		Frequency	Percent	Chi-Square test P-value	Number of ER encountered			Pearson's Chi-Square test P-value
					None	1 to 2 cases	3 or more cases	
Common medical emergencies	None	69	25.8%	p<0.001*	54 (40%)	12 (14.1%)	3 (6.4%)	p<0.001*
	Adverse drug response	2	0.7%		1 (0.7%)	0 (0%)	1 (2.1%)	
	Asthmatic attack	7	2.6%		2 (1.5%)	2 (2.4%)	3 (6.4%)	
	Foreign body aspiration	6	2.2%		4 (3.0%)	1 (1.2%)	1 (2.1%)	
	Heart-related problem	8	3.0%		5 (3.7%)	2 (2.4%)	1 (2.1%)	

Hypoglycaemia	78	29.2%	29 (21.5%)	30 (35.3%)	19 (40.4%)
Seizures	5	1.9%	3 (2.2%)	0 (0%)	2 (4.3%)
Vasovagal syncope	87	32.6%	35 (25.9%)	37 (43.5%)	15 (31.9%)
Others	5	1.9%	2 (1.5%)	1 (1.2%)	2 (4.3%)

Figure 1: The most common medical emergency in the dental clinic.



Data analysis reveals clashing designs within the rate of vital emergencies among dental analysts. Vasovagal syncope developed as the foremost common therapeutic emergency, bookkeeping for 32.6% of reports, taken after by hypoglycaemia at 29.2%. In contrast,

antagonistic sedate responses are uncommon, with bookkeeping for 0.7% of emergency cases. This dispersion appeared necessary (Zhang et.al.2020).

Strategies for Overcoming Challenges

Enhancing Communication: Improving communication among healthcare professionals through regular team meetings, the use of standardized protocols, and the implementation of communication tools such as handoff checklists and electronic medical records can help facilitate effective teamwork. Training in communication skills and emergency response resource management can also enhance team communication in high-stress environments.

Clarifying Roles and Responsibilities: Clarifying roles and responsibilities through job descriptions, role-specific training, and interprofessional education programs can help minimize role ambiguity and promote effective teamwork. Establishing clear protocols and pathways for patient care can also help streamline workflow and reduce confusion among team members (Thornton et.al.2022). *Fostering a Culture of Collaboration:* Creating a culture of collaboration and mutual respect among healthcare professionals is essential for overcoming hierarchical structures and promoting effective teamwork. Encouraging open communication, shared decision-making, and a team-based approach to patient care can help foster a sense of ownership and accountability among team members.

Figure 2: Types of Orthopaedic Injuries Encountered in Emergency Departments

Injury Type	Upper Extremity n (%)	Lower Extremity n (%)	Total n (%)
Fracture*	20 (17.8%)	27** (24.1%)	47 (41.9%)
Dislocation	1 (0.8%)	-	1 (0.8%)
Acute Compartment Syndrome*	5 (4.5%)	27 (24.1%)	32 (29.6%)
Traumatic Amputation	2 (1.8%)	1 (0.9%)	3 (2.7%)
Soft Tissue Injury	6 (5.4%)	23 (20.5%)	29 (25.9%)

Figure 2 shows orthopaedic wounds experienced within the emergency division, classified according to harm sort and anatomical locale. Information appears that lower-limit wounds are more common than upper extremity injuries. The break was the foremost joint damage in 41.9% of patients, 24.1% of which influenced the lower limit. Enteric microscopic organisms are too imperative; They comprise 29.6% of the populace and are equally dispersed in the upper and southern districts (Thornton et.al.2022). Delicate tissues account for 25.9%, and the recurrence underneath is within the moo run. Harm and separation are uncommon but still cause genuine

concern. This chapter gives data on the predominance and rate of orthopaedic wounds in emergency circumstances, enumerating treatment and asset assignment to oversee such circumstances (Kotur et.al.2022).

Discussion

Emergency response requires coordination and collaboration among different disciplines of healthcare suppliers. A talk of subjects and methodologies distinguished within the Literature and collaboration between dental practitioners, orthopaedic colleagues, and emergency doctors highlights imperative contemplations for optimizing emergency restorative care.

Importance of Interdisciplinary Collaboration

The results of this think about highlight the significance of collaboration in emergency response. Familiar dental practitioners, orthopaedic colleagues, and assistants all have the abilities and knowledge to provide quality care to patients in emergencies. By working together collaboratively, doctors can utilize their information and encounters to meet the wants of numerous patients and progress outcomes (Wong & Itaya,2022).

Optimizing Patient Care

Collaborative collaboration allows doctors to supply more comprehensive, patient-centred care in crises. Familiar dental specialists can treat dental and maxillofacial wounds, orthopaedists can treat musculoskeletal issues, and paramedics can treat numerous crises. This multidisciplinary approach guarantees that patients get convenient administrations custom-made to their one-of-a-kind needs, moving forward results and reducing morbidity and mortality.

Addressing Challenges and Barriers

Despite the benefits of collaboration, a few challenges can still prevent collaboration. Works well in emergency response. Communication issues, hazy parts and progressive structures in healthcare organizations are the most common Literature issues. To overcome these challenges, healthcare organizations must prioritize moving forward communication, clarifying parts and obligations, and empowering authority and group collaboration (Wong & Itaya,2022).

Enhancing Communication

Improving communication between healthcare suppliers is essential to supporting successful emergency responses (Pan & Collins, 2020). Methodologies such as customary gathering discourses, utilisations of formal strategies, and utilisations of communication devices can offer assistance in encouraging orthopaedists clear and compelling communication. Preparing communication aptitudes and emergency administration can move forward group communication in an upsetting environment and guarantee imperative messages are conveyed viably and accurately (Chow et.al.2021).

Clarifying Roles and Responsibilities

Clarifying parts and duties is critical to decrease part equivocalness and diminish part uncertainty. Bolster group viability in emergency circumstances. Healthcare organizations can accomplish this objective by making explicit work portrayals, giving role-specific preparation, and executing collaborative learning. Building up clear strategies for quiet care can also offer assistance to increment work proficiency and diminish group struggle, guaranteeing that everybody knows their obligations and how to contribute to the patient's general care.

Fostering a Culture of Collaboration

Creating a culture of collaboration and common regard among doctors is vital to overcoming various levelled structures and empowering group activity. Great work on emergency response. Empowering open communication, shared decision-making, and group commitment to quiet care makes a difference and creates a sense of possession and duty within the group. By recognizing and esteeming the commitments of all doctors, regardless of their aptitude level or involvement, healthcare organizations can create a robust environment in which collaboration can flourish (Bansal et.al.2022).

Conclusion

This article highlights the vital part of collaborating between dental specialists, orthopaedic pros, and physicians in reacting to an emergency. A comprehensive Literature review collected critical information regarding its interesting commitment to emergency care. Working collaboratively, these specialists address various therapeutic and dental issues, guaranteeing patients receive comprehensive care. The suggestions are planned to progress collaboration in intense care by emphasizing the significance of communication, part clarity, and collaboration. By utilizing the different aptitudes of therapeutic experts and following these suggestions, we can make strides in the quality and proficiency of emergency response endeavours, eventually resulting in superior persistent results and more secure well-being for all.

Recommendations

- Develop a preparation program to advise familiar dental practitioners, orthopaedists, and doctors about emergency strategies and techniques.
- Establish communication and referral networks to encourage coordination among emergency restorative professionals (Pan & Collins, 2020).
- Promote collaboration through preparing, talking and collaborative learning.
- Incorporate emergency reenactments into preparing programs to move forward in readiness and teamwork.
- Advocate for arrangement changes that empower intriguing collaboration and recognize the critical contributions of all doctors in intense care settings.

Reference

- Adhikari, C. L. (2021). Curriculum for Masters in General Practice–Bhutan. *Journal of Family Medicine and Primary Care*, 10(6), 2061. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8284200/>
- Devaskar, S. U., Cunningham, C. K., Steinhorn, R. H., Haq, C., Spisso, J., Dunne, W., ... & Byington, C. L. (2023). Academic health centers and humanitarian crises: One health system's response to unaccompanied children at the border. *Academic Medicine*, 98(3), 322. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9944367/>
- Got, Y., Borotikar, B., Sandillon-Garétier, C., Le Coat, A., Dulou, R., & Garétier, M. (2023). Use of Instant Messaging Applications by General Practitioners During Overseas Deployment: A Survey of the French Military Health Service. *Military Medicine*, usad463. <https://academic.oup.com/milmed/advance-article-abstract/doi/10.1093/milmed/usad463/7469318>
- Janjua, F. A., Fahad, S., Ahmad, T., & Umer, M. (2021). Strengthening Orthopaedic care at national level: Output of a structured residency programme at Aga Khan University. https://ecommons.aku.edu/pakistan_fhs_mc_surg_orthop/142/
- Alomi, Y., Al-Humaidan, A., & Alazzam, A. (2021). Dentist's experiences and expectations of pharmacists in Saudi Arabia. *PTB Reports*, 7(1). <http://www.ptbreports.org/article/2021/7/1/105530ptb202173>
- Tan, A. J., Rusli, K. D., McKenna, L., Tan, L. L., & Liaw, S. Y. (2024). Telemedicine experiences and perspectives of healthcare providers in long-term care: A scoping review. *Journal of telemedicine and telecare*, 30(2), 230-249. <https://journals.sagepub.com/doi/abs/10.1177/1357633X211049206>
- Yefet, L., Bone, J., Courtemanche, R., Lauder, G., & Courtemanche, D. (2021). Opioid prescribing patterns in British Columbia from 2013 to 2017: a population-based study. *BC Medical Journal*, 63(8), 336-342. https://bcmj.org/sites/default/files/BCMJ_Vol63_No8-complete.pdf#page=24
- Cofano, F., Di Perna, G., Bozzaro, M., Longo, A., Marengo, N., Zenga, F., ... & Cali, C. (2021). Augmented reality in medical practice: from spine surgery to remote assistance. *Frontiers in Surgery*, 8, 657901. <https://www.frontiersin.org/articles/10.3389/fsurg.2021.657901/full>
- Mehrotra, D., & Markus, A. F. (2021). Emerging simulation technologies in global craniofacial surgical training. *Journal of Oral Biology and Craniofacial Research*, 11(4), 486-499. <https://www.sciencedirect.com/science/article/pii/S2667321523001221>

- Kragh Ekstam, A., & Andersson, P. (2023). Oral Health Status Using the Revised Oral Assessment Guide and Mortality in Older Orthopaedic Patients: A Cross-Sectional Study. *Clinical interventions in aging*, 1103-1113. <https://www.tandfonline.com/doi/abs/10.2147/CIA.S410577>
- Pop, T. L., Burlea, M., Falup-Pecurariu, O., Borzan, C., Gabor-Harosa, F., Herdea, V., ... & Căinap, S. S. (2020). Overview of the pediatric healthcare system in Romania. *Turkish Archives of Pediatrics/Türk Pediatri Arşivi*, 55(Suppl 1), 69. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7488180/>
- Zhang, A. S., Myers, M., Kee, C. J., McClary, K. N., Barton, R. S., & Massey, P. A. (2020). Adapting orthopaedic surgery training programs during the COVID-19 pandemic and future directions. *Arthroscopy, Sports Medicine, and Rehabilitation*, 2(5), e683-e696. <https://www.sciencedirect.com/science/article/pii/S2666061X20300730>
- Thornton, J. S., Grierson, L., Vanstone, M., Alice, I., Mahmud, M., & Mountjoy, M. (2022). A win-win for sport and exercise medicine and primary care: a qualitative case study of the added competence model in Canada. *Sports Medicine*, 52(8), 1983-1989. <https://link.springer.com/article/10.1007/s40279-022-01663-6>
- Oshlag, B., & Boswell, B. (2020). Constructing a Medical Team: The Medical Needs of a Basketball Team. *Basketball Sports Medicine and Science*, 83-90. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0234067>
- Halloran, S. M., Coleman, B. C., Kawecki, T., Long, C. R., Goertz, C., & Lisi, A. J. (2021). Characteristics and practice patterns of US Veterans Health Administration doctors of chiropractic: a cross-sectional survey. *Journal of manipulative and physiological therapeutics*, 44(7), 535-545. <https://www.sciencedirect.com/science/article/pii/S0161475421001147>
- Wong, A., & Itaya, L. (2022). Interdisciplinary Oral Health for Those with Special Health Care Needs. *Dental Clinics*, 66(2), 283-291. [https://www.dental.theclinics.com/article/S0011-8532\(22\)00006-4/abstract](https://www.dental.theclinics.com/article/S0011-8532(22)00006-4/abstract)
- Kotur, P. F., Kurdi, M. S., Sengupta, S., Akilandeshwari, M., Panditrao, M., & Kiran, S. (2022). Emerging responsibilities of the anaesthesiologist in competency-based undergraduate medical education. *Indian Journal of Anaesthesia*, 66(1), 8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8929321/>
- Pan, K., & Collins, A. (2020). Exploratory descriptive analysis of opioid prescribing prevalence of nurse practitioners and the specialties associated with the top prescribers. *International Journal of Nursing Practice*, 26(6), e12850. <https://jamanetwork.com/journals/jamanetworkopen/article-abstract/2797473>

- Bansal, G., Rajgopal, K., Chamola, V., Xiong, Z., & Niyato, D. (2022). Healthcare in metaverse: A survey on current metaverse applications in healthcare. *Ieee Access*, *10*, 119914-119946.<https://ieeexplore.ieee.org/abstract/document/9940237/>
- Chow, Y. C., Waterbrook, A. L., Suffoletto, H. N., Dolbec, K., Myers, R. A., Denq, W., ... & Holschen, J. C. (2021). Recommended musculoskeletal and sports medicine model curriculum for emergency medicine residency training. *Current Sports Medicine Reports*, *20*(1), 31-46.<https://journals.sagepub.com/doi/abs/10.1177/15271544231212155>