

Continuing Medical Education for Paediatricians

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According to American Academy of Pediatrics, paediatricians care for children's physical health and doing so, they diagnose and treat infections, injuries, genetic defects, malignancies and many types of organic diseases and dysfunctions. They work to reduce infant and child mortality, control infectious diseases foster healthy life styles and ease the day to day difficulties of children and adolescents with chronic conditions. Paediatricians take care of people from birth to 21 years of age, when they are sick and they offer preventive care and guidance to keep them healthy.

Paediatricians in our part of the world do not have the same responsibilities in that our children's hospital cater for individuals only up to the age of 14 years and in many cases it becomes necessary to refer children with many problems to tertiary care hospitals. However, responsibilities of paediatricians extend to taking care of children when they are sick and offer preventive care and guidance to keep them healthy. Paediatricians, like all the medical professionals, are created through a process of academic education and training under supervision in the hospitals. They are required to read from the texts recognized internationally for their valid and sound scientific information and learn the cognitive, communication and psychomotor skills and become proficient in fulfilling their responsibilities.

The underlying principles which are utilized in the education of paediatricians are a belief in the science of philosophy. The philosophy has three basic premises: a belief in an order in the universe and a categorization of body parts into systems, belief in a cause and effect relationship in diseases and cure and lastly belief in the law of probability.¹ The educational approaches include application of methods to help students to learn knowledge, skills in developing certain desirable attitudes. The learning experiences are expected to provide the learners with skills in problem solving which include cognitive, psychomotor and communication skills.²

Teaching in paediatrics in the MBBS course in most of the Nepalese universities and academic institutions consist of theoretical teaching during third and fourth year of MBBS course, posting in community for family health exercises during fourth, posting

as a junior intern in the final year and one month of internship after passing the summative examination at the end of fifth year of the course. Students spend three months during their third year of the course in paediatric for clinical learning experiences, two weeks in the final year as a junior intern and for a period of one month during internship. Student practice history taking, physical examination and various skills. Each posting of different durations help students to build on their previous learning.

After completing the internship students are free to pursue a career in paediatrics as their profession. Those who would like to pursue paediatrics as their career will have to enrol into a postgraduate course available at Institute of Medicine, BP Koirala Institute of Health Sciences and National Academy of Medical Sciences. Kathmandu University also offers postgraduate courses in paediatrics leading to the award of a degree of MD in paediatrics. KU has been using hospitals outside of Nepal to offer such postgraduate courses.

Academic courses currently available in Nepal are of three years' duration, require the candidates to work 50 weeks a year and rotate through various subspecialties to learn by caring for the patients. In addition, they participate in teaching learning activities such as journal clubs, clinical case presentations, problem solving exercises, presentation of reviews on different topics of interest in child health. Students are also required to conduct a research, under the guidance of a preceptor, on a problem of their interest related to child health. The purposes of all these exercise are to provide them with comprehensive experiences to enable them to function effectively in caring for children according to the currently available knowledge. It is expected that the graduates would have acquired enough experience to continue the process of life long learning, think critically and apply scientifically valid methods in looking for answers to the problems they encounter in their daily work. No systematic evaluation of the course has been done to see how much the expected outcomes have been achieved. As individual abilities depend on personal attributes and willingness to work hard, such evaluations would not be very helpful in ascertaining the qualities of an academic course. As all the situations that a trainee is likely to face in future can't be created, the learning experiences are to some extent

opportunistic. Remedy to such weakness of the formal academic course is for the individual practitioners to commit themselves to a culture of continuing medical education and professional development.

Currently, the opportunities for continuing medical education in Nepal are uncoordinated and fragmented. Such opportunities can be divided into training courses conducted by government health services to train its employee doctors before implementing a specific intervention programme, CME sessions organized within the hospitals for the doctors working in the hospitals, and training courses organized by Nepal Paediatric Society. Examples of first category are training courses on Integrated Management of Childhood Illnesses, treatment of severe malnutrition, courses on breast feeding and young child feeding etc. Kanti Children's Hospital has been conducting weekly CME sessions at the hospital which utilizes the available resources to have presentations from senior paediatricians interested in speaking to the colleagues. Occasionally, these CME sessions are conducted by visiting experts in different fields. Patan Hospital in collaboration with Department of Child Health of Institute of Medicine has been conducting courses on Paediatric Advanced Life Support (PALS) courses for paediatricians and paediatricians in training. KCH also has been conducting such courses both on Neonatal and Paediatric Life Support (NALS and PALS). Such courses have more focused learning objectives and structured approach. NEPAS has been organizing a conference every two years which also offers opportunities of some learning to the paediatricians.

All these programmes are not fixed, there is no regularity of their conduct and mostly are organized according to the convenience of the organizers. There are no mechanisms for some one to pursue learning if some one is interested in a specific problem or in acquiring a specific skill. Similarly, there is no collaboration and coordination among the organizers and so far no efforts are evident to encourage learning from each others experience. Past attempts to meet at least every year to discuss neonatal morbidity and mortality has slowly discontinued due to lack of enthusiasm among colleagues working in different hospitals. Currently existing resources for learning in paediatrics within the country specifically within the Kathmandu valley are at Kanti Children's Hospital, Patan Hospital and paediatric wards at Nepal and Kathmandu Medical Colleges, KU School of Medical Sciences and Birendra Hospital (Chhauni). Kanti Children's Hospital is a 300 bedded hospital with a number of specialty units and intensive care facilities. It is host to undergraduate

programmes conducted at Institute of Medicine and Nepal Medical College and Postgraduate programme conducted by Institute of Medicine and National Academy of Medical Sciences. Patan Hospital has a very busy paediatric and neonatal care service and is developing into an academy of health sciences. Nepal and Kathmandu Medical Colleges along with Birendra Hospital (Chhauni) have full fledged departments of paediatrics and a little further, Kathmandu University School of Medical Sciences in Dhulikhel runs a modern paediatric hospital which is engaged in training one candidate for MD in paediatrics. All the departments and hospitals are engaged in teaching of at least of the undergraduate students in paediatrics.

However, there are no mechanisms for these hospitals and departments of engaging themselves in providing opportunities for continuing medical education of paediatricians. Sharing of the challenges one has faced in managing difficult clinical problems through a monthly meeting rotated through different hospitals has been practiced very successfully by surgeons under their Society of Surgeons of Nepal. Paediatricians are yet to learn from this experience.

Continuing one's own education, needless to emphasize, is a worthwhile activity. Though at present, there is no legal compulsion to demonstrate evidence of one's efforts at learning, experiences in the developed countries show that a day will come when all professionals will have to demonstrate their knowledge and skills are maintained up to date. In most of such countries, paediatricians are required to renew their licenses at regular intervals and they do so by showing evidence of continued education and skill training. We don't know when that requirement will be implemented in Nepal but one has to remain prepared for such an eventuality. It is time that Nepal Paediatric Society looks into this important aspect of paediatrician education in the country. NEPAS executive committee can form a CME sub committee to look into the matter which can deliberate on this issue and make suggestions to the executive committee. Depending the desirability and feasibility of different action, NEPAS can chart out future course of action.

References

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