# EDITORIAL

## PEDIATRIC TEACHING IN MIDDLE EASTERN AND EASTERN MEDITERRANEAN COUNTRIES

Early in September of 1961 twenty-five teachers of pediatrics, representing twelve countries of the Middle East and the Eastern Mediterranean area, assembled at Hacettepe Children's Hospital in Ankara to hold a symposium reviewing the methods of undergraduate and postgraduate pediatric education in their respective countries. In addition, nine leading pediatricians from the United States and Western European countries (S. Z. Levine of New York, New York; R. A. Aldrich of Seattle, Washington; R. H. Alway of Palo Alto, California; Wm. G. Klingberg of Morgantown, West Virginia; A. Moncrieff of London, England; G. M. H. Veeneklaas of Leiden, Holland; J. B. Mayer of Homburg-Saar, Germany; C. Salazar de Sousa of Lisbon, Portugal; and J. Senecal of Paris, France, and Dakar) took active parts in this symposium which was jointly organized by the Unitarian Service Committee of New York and the Research Institute of Child Health of Ankara University. Our thanks go to Dr. S. Z. Levine, the chairman, and to Dr. C. Woodruff of Beirut, Lebanon, the rapporteur of the symposium, who both contributed greatly to the success of the conference.

An abstract from the Report of the Symposium is presented here:

### UNDERGRADUATE PEDIATRIC EDUCATION

Pediatrics may be defined as the social medicine of infancy and childhood, thus "social pediatrics" should not be considered merely a branch of pediatrics but a new orientation for the field as a whole. All our teaching, be it on clinical, psychological or genetic problems, should be permeated by the idea that the child is not an isolated organism but is an integral part of his human and physical environment.

Undergraduate pediatric teaching in general consists of the following aspects:

1. *Theoretical instruction* about growth and development, nutrition, fluids and electrolytes, lability of organ function, and susceptibility to infectious diseases.

2. *Clinical demonstrations* with emphasis on the diseases most prevalent in the country concerned.

3. *Small group discussions* in which students participate actively. This type of discussion requires preparation on the part of both students and teachers and is only possible in medical schools where the teacher-student ratio is high.

4. *Didactic lectures* which tend to predominate where there is a low teacher-student ratio. This method of teaching can produce satisfactory results although it has the disadvantage that students remain passive during lectures.

5. *Clinical clerkships* which are an important stage in undergraduate pediatric training. The student takes histories, examines patients, and performs simple laboratory routines under the supervision of a qualified physician. This type of instruction can be carried on in hospitals, in out-patient departments, and in the field, including M. C. H. services, both rural and urban.

6. *Membership in research teams.* The participation of undergraduate students as members of research teams in a few special instances has proved to be very satisfactory and can be an important aspect of pediatric education.

The uses to which pediatric education is put must vary somewhat according to the particular problems of the countries involved. In some societies malnutrition and infectious disease remain the major medical problems. The existence of such problems, which can be largely prevented by proper feeding, immunization and hygiene, is promoted by the ignorance of the public. In such societies the doctor needs to be a good teacher and the techniques of health education should be a part of his undergraduate curriculum. Although the help of other specialists may be needed, the physician must not depend entirely on health educators, public health nurses and other paramedical personnel. He must himself take the time to learn how to communicate effectively with his patients.

In other countries malnutrition and infectious disease have largely disappeared and the problems confronting the physician are new and unfamiliar. In such societies there are many patients who, although they are economically secure, have not learned how to achieve harmony with their inner psychological forces. The number of these psychosomatic problems is increasing rapidly and the pediatrician must learn to recognize them and to deal with them, with the help of specialties such as psychiatry, so that he does not become a technician able to treat classical disease alone.

## POSTGRADUATE PEDIATRIC EDUCATION

Similarly, the internship and postgraduate training programs that are needed depend upon the specific problems that are faced in each country.

In general a program designed for the training of a specialist pediatrician takes about five years and is based upon a sound grounding in general medicine. Greater responsibility is given as experience increases. Experience in teaching is an integral part of this program. It is essential that attention be given to all of the aspects of pediatrics during this period of training.

Special postgraduate work for physicians who have completed their formal training is an integral part of any pediatric training program. Courses of varying length for general practitioners and pediatric specialists need to be offered by universities and pediatric societies. The provision of special courses in the old, established universities of the world for the training of staff for academic responsibility in newer nations has become an important facet of postgraduate training.

## RECOMMENDATIONS

Among the recommendations on undergraduate and postgraduate pediatric education in the Middle East, the following ones seem to be of special importance:

*With regard to undergraduate education.*

1. In all medical faculties there should be an independent department of pediatrics. The creation of an independent department should mean more and not less cooperation among disciplines which have something to offer in the realm of child health, welfare or development, both in and out of the faculty of medicine.

2. Pediatric teaching should extend over several years. Emphasis should be placed on learning-by-doing with participation in practical work on the wards and in out-patient departments and active participation in seminars. Students in all countries should participate in the clinical clerkship in small groups. Time in the admitting office or emergency-room observation and participation in the treatment of emergencies should be planned. During the clerkship period the student should be freed from participation in lectures, demonstrations and activities of other departments. This will permit him to see the entire course of illness in children and to feel responsibility as part of the medical team.

3. The clinical clerkship should begin with intensive study of patients in the hospital wards. It should be continued with even more time spent dealing with out-patients. The teacher in the out-patient department should have time to spend in thorough discussions of the patient and his problems with the student. This can be arranged by having other members of the staff look after the multitude of patients in large clinics. The cases referred for teaching should be representative of every-day pediatrics rather than rare cases. The social and psychological aspects of each patient should be considered in the discussion in order to illustrate the principles taught in introductory lectures.

4. Social pediatrics should permeate the entire undergraduate and postgraduate curriculum. In carrying out this program it is essential to secure the collaboration and assistance of other departments in the medical school and university. Although it is valuable to create a subdivision in the department of pediatrics, with a staff of sufficient authority which concerns itself with social pediatrics and is engaged in constant evaluation of such programs and new ways to influence the environmental factors, it is advisable to engage the physicians of this section in the general aspects of pediatric teaching and practice. Social, preventive and curative pediatrics are all interrelated. It is not desirable to create a *department* of social pediatrics separate from the pediatric service.

The student should be given as many opportunities as possible to see the child in his natural environment (family, school, street, playground) not only in the artificial environment of a hospital or clinic. Assignment of students and residents to families is recommended. Practical and theoretical instruction in school health problems should prepare the student for facing such problems in the future.

Efforts should be made to familiarize undergraduates with the conditions in rural practice. A period of work in such practice should be compulsory for the postgraduates.

*With regard to postgraduate education.*

1. For the general practitioner:

Refresher courses of short duration, not less than one week, or longer courses of three to four weeks duration are recommended. During these periods, the practitioner will be in fulltime attendance at lectures and demonstrations. The points to be emphasized should include feeding of infants and children, growth and development, new trends in treatment of prevalent diseases, the relationship of the child to his community, public health aspects of pediatrics, school health and biostatistics.

Regular attendance of the general practitioner at refresher courses in pediatrics should be assured by subsidy from the government to defray not only the actual expenses involved in attending the post-graduate courses, but with consideration for the maintenance of his practice during his absence.

Traveling lecturers, singly or in groups, should be provided in isolated rural areas. By holding informal meetings with general practitioners they can help to inform them on modern trends in pediatrics.

Better public relations on the part of teaching hospitals should encourage practicing physicians to visit the teaching hospitals more frequently and to take part in rounds and teaching conferences.

Local or regional publication of journals and pamphlets describing recent advances and common diagnostic and therapeutic problems should be urged as an aid to the general practitioner.

2. For the specialist in pediatrics :

The preventive aspects of child care are infinitely important in the Middle East, as elsewhere, therefore postgraduate education in pediatrics should include ample experience in maternal and child health problems, in administration, and in biostatistics. Basically, clinicians and maternal and child health workers should have the same training, but, according to their particular needs, more emphasis should be placed on the one or the other during their residencies.

The doctor who wishes to become a specialist pediatrician must obtain a resident appointment in an approved hospital. The application of the scientific method should be part of the every day activity of the residency program, in the wards and clinics just as in the laboratory. It is important to specify *research* as part of the program to provide time for reading, thinking, and special study. Observation only, with lack of responsible participation in hospital work, is very inadequate training and should be discouraged.

The resident should gain experience with the surgical, ophthalmological, ear, nose and throat, and neuropsychiatric problems of children and infants.

Study of foreign languages should be encouraged as a necessity for further training abroad and for acquaintance with the international literature.

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