
Abstract:

Pediatric care providers in the developing world face daunting challenges, often exceeding available resources. This challenge presents an opportunity for constructive involvement in international medicine by pediatric emergency medicine (PEM) physicians. The significant need for providing improved pediatric care worldwide dovetails with a high level of interest in international medicine among medical students, residents, and practicing physicians in the United States and Canada. With its emphasis on acute management and resuscitation, PEM specialists possess a knowledge base and skill set vital to pediatric care in the developing world. Development of collaborative continuing medical education is an important step in the improvement of pediatric emergency care in the developing world. A paradigm of successful program development is discussed based on experiences in Guatemala and Ghana. Future directions in international continuing medical education, including enhanced PEM fellow involvement, are also discussed.

Keywords:

International; continuing medical education; pediatric emergency medicine; global health; pediatrics; Guatemala; Ghana

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International Continuing Medical Education: A Paradigm for Grassroots Development

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There are 7 billion people on our planet,¹ and about 30% of these are children.² Most of these children live in the developing world where medical providers are few and health resources are scant. Local medical providers in these areas face a daunting task, attempting to provide primary care to such a large population with significant medical needs. Pediatric specialists in the developing world face additional challenges beyond provision of primary care. They must grapple with complex specialty and subspecialty problems, sometimes with limited formal training in these areas and often even more limited ongoing tertiary-level logistical support. Many of these pediatricians are also involved in providing medical education in their countries: teaching medical students, residents, nurses, and practicing medical providers in their regions. Often, these same individuals are involved in the administration of regional and national health care programs as well as participating in academic research and publication.

Needless to say, pediatricians in the developing world are stretched very thin. Pediatricians in more affluent and “doctor-rich” parts of the world are strongly positioned to lend a hand. Leaders in academic pediatric emergency medicine (PEM) have

an opportunity and a responsibility to share the important developments in the field for the benefit of children throughout the world. This significant need for improved pediatric care worldwide dovetails with a high level of interest in international medicine among medical students, residents, and practicing physicians.³⁻⁶ Many talented individuals are searching for opportunity for involvement.

WHY INTERNATIONAL CONTINUING MEDICAL EDUCATION AS A VEHICLE FOR YOUR INVOLVEMENT?

There are many avenues for involvement in international medicine. Many examples involve direct patient care. These include major disaster relief operations as recently seen in Haiti and well-established clinical operations in the developing world such as provided by Dr Paul Farmer.⁷ The American Academy of Pediatrics' Section on International Child Health (Web site: www.aap.org/sections/ich/) currently lists numerous clinical care opportunities, ranging from 2-day to 2-year commitments. Project Hope (Web site: www.projecthope.org/) also lists multiple clinical care opportunities. For those with an inclination toward the truly heroic, there is Doctors Without Borders (www.doctorswithoutborders.org).

In addition, for many years, our surgical colleagues have provided critically needed surgical services to children in the developing world. Operation Smile and Interplast (plastic surgery) as well as ORBIS (ophthalmology) are well-known examples. The effectiveness of these surgical programs is largely based on the ability to perform a specialized procedure, not widely available in the host country, in a relatively short time frame, without the requirement of a major long-term follow-up (eg, cleft lip repair and cataract removal). These surgical programs have made a significant impact on the quality of life in the developing world, and many are now also providing an educational component. These surgical organizations often welcome pediatricians who can provide preoperative and recovery care for their pediatric surgical patients. However, this surgical paradigm of international medical service is not easily reproducible by nonsurgical medical specialties.

Developing international continuing medical education (CME) programs have a markedly different orientation than intermittent provision of direct medical care. International CME provides educa-

tional opportunities for local medical providers and educators who already have a permanent presence in the community. The focus is on "teaching the teacher," and if properly designed, CME has been shown to have a positive impact.⁸⁻¹¹ This approach can amplify the impact of the initial educational encounter. Moreover, practitioners and medical educators in the developing world want CME and depend on it for their professional development, yet have little time and scant resources to organize effective CME programs.^{12,13}

WHY IS PEM WELL SUITED TO THE INTERNATIONAL CME PARADIGM?

The knowledge base and skill set of a pediatric emergency physician are, in many ways, uniquely suited to developing international CME programs. Analysis of care delivered in pediatric hospitals within the developing world illustrates the importance of improved pediatric emergency care.¹⁴⁻¹⁸ Deficiencies in pediatric triage, assessment, and emergency treatment in hospitals throughout the developing world contribute to high mortality, generally occurring early in the hospitalization.¹⁸⁻²⁰ Improving pediatric emergency care in the developing world has been specifically identified as an important priority for improving hospital care of children.¹⁴⁻¹⁹

Training tools specifically designed for improved pediatric emergency care are available. Advanced Pediatric Life Support (APLS) and Pediatric Advanced Life Support (PALS) are 2 well-known courses that aid in the emergency treatment of children. Prepackaged with materials, audiovisual aids, lectures, and small-group activities, these programs can be easily taught by PEM physicians, general pediatricians, or pediatric residents. The World Health Organization (WHO) has also designed an emergency triage assessment and treatment (ETAT) protocol for children with accompanying training materials.^{21,22} Emergency triage assessment and treatment algorithms are based on APLS and PALS and have been validated.²³ However, ETAT is designed specifically for resource-limited settings, taking into account diseases found specifically within the developing world, such as malaria and malnutrition. Training in and implementation of ETAT, together with an increased emphasis on improved pediatric emergency care, have been shown to decrease pediatric hospital mortality in the developing world.²⁴ Pediatric emergency medicine physicians, therefore, have a particularly important role in organizing international CME.

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