Incorporating Teaching in Global Child Health into Irish Medical School Curriculum

Abstract:

Sir,

The medical profession is confronted by inequality in access to health care worldwide. There is an ethical responsibility that this be addressed during the training of new doctors. We examined the baseline interest in international child health among medical students in an Irish University and we looked at the impact of a clinical approach to global child health education on their interest and knowledge. We developed a global child health module with a clinical focus and incorporated it into the paediatric curriculum. Two questionnaires were developed to determine student’s perceptions of the relevance of international child health and their knowledge of core topics in international child health pre and post taking the module. 100/130 questionnaires were completed.

The module was structured around contributors to under five mortality; pneumonia, neonatology, malaria, diarrhoea and malnutrition. Real case examples from the field were used and students were divided into groups to discuss diagnosis, management and possible preventative strategies. The module was delivered during the academic year 2012/2013 to fifth year medical students in a University in Dublin. The surveyed students were 51% male and 49% female and came from the following countries; Ireland (38%), North America (24%), Middle East (25%), South East Asia (15%), Other European (4%) and Trinidad, Australia and South Africa (3%). Prior to undertaking the module the majority of students stated that international child health was either relevant (40%) or very relevant (25%) to their career. Students were asked to self rate their knowledge of core topics in global child health. The topics were; Pneumonia, Malnutrition, Malaria, Diarrhoeal disease, Neonatal care and Immunisations. The majority rated their baseline knowledge as poor, fair or satisfactory in all core topics. This improved in all topics post module. 63% of students stated that they plan to work in the developing world at some point in their career. 41% had either already done or plan to do a developing world elective during university. Students were asked how the module affected their interest in international child health. Interest increased in 58% of students, was unchanged in 39% and decreased in 3%.

Global health education has been increasingly incorporated into medical curricula in the last decade. In a survey of 100 paediatric residents global health training was found to be an important factor in residency selection and one third of residents had plans to work in the developing world. 63% of our students indicated plans to work in the developing world once qualified, however self rated baseline knowledge in contributors to under five mortality was low. This educational gap needs to be met. It is important that medical schools adapt to the increasing interest in working in developing nations and equip students with the necessary clinical knowledge and skill set to work in these settings.

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References

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