

Letter to the Editor

Medical Students and Neonatal Ward Rotation

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Dear Sir,

To meet the curriculum requirements, students are rotated through neonatal intensive care unit during their pediatric clerkship^[1-3]. Hands-on practice is one of the major goals of clinical clerkship. The care of the pediatric patients, especially the sick neonates, differs from adults. The sick neonates should be handled minimally because of their critical condition and increased risk of nosocomial infections. Therefore the routine format of clinical posting (case clerking and complete physical examination) may not be feasible for the sick neonates. Neonatology being a subspecialty of pediatrics, detailed teaching of rare neonatal problems should not be put as one of the goals of the posting. For example, knowledge about ventilatory management or monitors is not included in the undergraduate curriculum. Thus, the best combination will be teaching the students about the common neonatal problems from the general practitioner's point of view with physical examination sessions on 'well babies'. To meet these objectives, we introduced a structured teaching format for medical students rotating for one week (out of ten weeks of pediatric rotation) through the neonatal ward at Sultan Qaboos University Hospital, Oman. The program is based on the following questions:

- What the students must know?
(Common neonatal problems)
- What they should learn?
(Physical examination of a normal newborn)
- On what they should not waste time?
(Ventilators, monitors, equipment)
- How they are to be evaluated?
(Written exams: MCQ, MEQ).

The program is detailed as follows : On the first day of rotation, the students are given an introductory lecture with clarification on the aims and objectives of the rotation. This lecture includes details on how to perform the complete

physical examination of a newborn. Common problems in early neonatal period are elaborated. The expectations of the students are also discussed. They are then taken to the postnatal ward where examination of the well newborn is demonstrated. The demonstration is followed by hands-on practice supervised by a senior doctor. On a daily basis, they are given a curriculum-based list of topics to present; this list includes jaundice, respiratory distress, infant of diabetic mother, asphyxia, breast-feeding, seizures, sepsis, prematurity and low birth weight.

A group discussion is done with students presenting different topics with a senior tutor monitoring them. The aim of this type of group discussion is to give them confidence in public speaking to boost their expressive capacity. Every student gets an equal chance of presenting a topic followed by criticism and discussion from other colleague students. The advantage of this method is that by the end of the rotation every student becomes familiar with the common problems in neonatal care and acquires some of the presentation skills in addition to learning the complete physical examination of a newborn infant. On the last day, an examination consisting of true and false questions is set.

After the introduction of the above program, we have received a very promising feedback. We have noticed also, an increased involvement of the students during the neonatal clinical rotation.

In summary, introducing a structured approach of a teaching during clinical rotation in our neonatal in ward has resulted in a better understanding of the students, and in satisfaction among medical students. The science and art of medical education continue to grow and to keep up with these changes, the medical curriculum and technique of education has to be reviewed periodically and appropriate changes should be made whenever indicated.

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