Personal practice

Participation as colleagues: an experience of working in a new relationship with overseas postgraduates

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Many of us in departments of child health in Britain are concerned about the increasing poverty of our contribution to the welfare of children in the third world. In particular, we question both the quantity and quality of the training we are offering to postgraduates from overseas. The huge differences between the scale and nature of infant and childhood morbidity and mortality in developed and developing countries raise questions as to what we can offer that would be relevant and acceptable. Courses and diplomas are perhaps the most convenient (and lucrative) contribution we make. Yet unease remains about possible inhibitions which the prestige and international selling power of British qualifications may have on the development and reputation of postgraduate training overseas. Should we not be progressing away from courses and qualifications, however relevant? If so, do decreasing resources, inappropriate content, and an undesirable dependence on British qualifications mean that departments of child health will have less and less to offer our overseas colleagues? Where should we be going?

The opportunity to explore these questions arose as a result of consultations between the Overseas Development Administration and the British Paediatric Association, based on a mutual desire to improve Britain's contribution to child health globally and in particular to the training of postgraduate doctors. It was decided to enlarge the opportunities for this training by offering a senior lectureship with secretarial assistance to Newcastle. This was seen as complementary to the contributions of the two major tropical child health units in Liverpool and London, and Newcastle seemed particularly appropriate in view of its long association with the study of the child in the family at primary care level, so important a part of paediatrics in the third world. Hope was also expressed that at least some of the developments made possible by this initiative might prove to be reproducible in

other departments of child health that had no particular tropical expertise.

My own experience abroad had convinced me that hard fought lessons in the practice and problems of maternal and child health in developing countries were of relevance in the UK; insights in the third world had sometimes lent painful clarity to issues here. If this were true for me, why should it not also be so for my colleagues in the third world? Could not the opportunity to define, measure, and even attempt to remedy problems in maternal and child health in the UK be of value to those from abroad? Furthermore, would not sharing their insights stimulate me to look at problems from new angles?

Development of programmes of study in Newcastle for overseas graduates

We had been concerned from the beginning to develop forms of training in which overseas graduates would work with us as colleagues rather than in a student/teacher relationship and have been able to capitalise on the experience of the department in this respect by using our own clinical and community setting in child health to provide the background and material for study.

The programme is aimed at 'post postgraduate' level, that is at doctors who have completed postgraduate qualifications in their own countries and are pursuing supplementary training and experience. The traditional course structure with a lecturer and demonstrations on matters, local or tropical, is avoided and instead the graduates are given tasks to accomplish as far as possible in their own way with supervision and guidance from tutors and members of staff. The task may take the form of a technique to master within a clinical setting but the major emphasis has been on community aspects, where studies might include the evaluation of a training programme, or a sector of the maternal

and child health services, or the elucidation of factors affecting the health of mother or child, depending on the graduate's particular requirements. Both the methods and results of studies are presented and the conclusions examined to see how they apply not only in Newcastle but also in their own situation. By this means we hope they learn as much about processes as about outcomes.

Introductory presentations provide the graduates with the necessary background for their studies; terminal examinations are replaced by the presentations of conclusions to colleagues; and certificates of attendance are given instead of a diploma or other qualification. Lecturers are replaced by tutors, selected from within or outside the department and willing to act as guide, counsellor, and facilitator to the graduates during the setting up and completion of their work. The success of the programmes depends very much on the willingness of these tutors to become involved in this way despite their already full commitments, but an attempt is made to spread the load and avoid overworking 'willing horses'. The reward of involvement is the fresh insight contact with overseas graduates often brings and the satisfaction of developing a working relationship with them.

The programme in practice. Experience over the past five years has confirmed the applicability of this basic method to a considerable range of learning objectives and number of participants.

The individual postgraduate

Initially we embarked upon tailor made programmes for individual postgraduates on link arrangements with an overseas department of child health or through World Health Organisation fellowships. One such doctor was in charge of a health centre in Bangkok, and through the Thai government was given a World Health Organisation fellowship for three months. We agreed to accept her on condition that we could make direct contact to discover her interests, assess her talents, and arrange a mutually acceptable and appropriate programme. She was able to complete a comparison study in the use of home based child health records which, by coincidence, had been begun in Newcastle at about the same time as in her own health centre. Unfortunately, time did not allow her to share in the modifications of the Newcastle record which her findings had helped to suggest, but at the moment we have another Commonwealth Foundation Fellow from Trivandrum in South India who may be able to complete this evaluation.

Participatory seminars

The opportunity soon arose to introduce participatory seminars. Over the past four years we have successfully completed 8 of these, each of a month's duration and accommodating between 12 and 15 doctors. The seminar members work either singly or in groups of two or three with a tutor assigned to each. So far we have applied such seminars to three different learning objectives.

(1) Methods and uses of research in maternal and child health

The Tropical Child Health Unit of the Institute of Child Health requested the department to conduct an annual seminar as part of the MSc course in maternal and child health with the object of introducing the members of the course to the construction and application of a research design in this field. Accordingly tutors were asked to suggest topics within their own interests, sufficiently circumscribed to yield observations of value within the short time allotted to the seminar and varied enough to cover a broad spectrum of maternal and child health in Newcastle. Titles of some of the projects in the past three years are as follows:

The role of the 'chemist' in the primary health care of children.

The effect of hospital admission of a child on the family.

A comparison of the mobility of handicapped children using calipers or wheeled chairs.

Attitudes of mothers and staff in a maternity teaching hospital towards breast feeding.

Attitudes of mothers to the management of a perinatal death in hospital some time after the event.

Management of diarrhoea and vomiting in children in Newcastle, with special reference to oral rehydration.

The projects are allocated to the members of the course a month before they arrive in Newcastle. One or two items for preliminary reading are suggested and in the first week members of staff give two or three presentations on the health services, with particular reference to maternal and child health. Concurrently, study protocols are constructed with guidance from the tutors but decisions are left as far as possible to participants. During the second and third weeks the data are collected through observation, interview questionnaire, and measurement, facilitated by the tutors. In the final week analyses and conclusions are presented in plenary sessions to both tutors and participants.

The understanding gained during this programme is as much about how the studies have been

undertaken as with what they show of the topics examined. During the final evaluation, many of the participants emphasise the importance of the exercise in disclosing methods of finding answers to real practical problems and particularly in interpreting and presenting results. The shortage of time helps in recognising the importance of defining priorities and in appreciating the limitations insufficient data place on conclusions. There is also the added stimulus of sharing what is accomplished with colleagues.

The seminars have also proved an encouragement to the department. One or two projects have been useful as pilot studies, as for instance one which showed a beneficial effect on subsequent attitudes to clinical training of exposing first year medical students to family and community medical care. In two instances participants returned to give further presentations on the attitudes of mothers to the management of breast feeding and of perinatal death, to the benefit of the staff of the maternity hospital concerned. One or two projects have been of sufficient merit to consider publication, as for instance one that examined the detection and care of visual handicap in infants and young children in Newcastle.¹

(2) *Examining the role and training of health workers in maternal and child health services*

Each year for the past three the South East Asian Region of the World Health Organisation has asked the department to host a group of senior obstetricians, paediatricians, and community physicians from medical colleges within that region during a three month travelling seminar to several major South East Asian training centres. Since the main intention of the seminars has been to improve the teaching of maternal and child health to medical students and paramedical staff, it was hoped that a visit outside the region would show principles and processes of universal relevance in the development and application of training programmes in maternal and child health. From such a different viewpoint this discovery of common ground would allow new perspectives on problems otherwise too familiar or engulfing to be appreciated.

In groups of two or three the participants examine for themselves the role and training of the main categories of staff in the Newcastle maternal and child health services—midwives, health visitors, general practitioners, clinical medical officers, and consultants. One group is assigned to each category and, guided by a tutor, identifies patterns of services in which similarly qualified staff often play very different roles. By interviewing patients and staff they reach some understanding of the effectiveness of these services. Then, by observation and further

interviews, they try to assess how far the training of each member of staff has equipped them for the needs and demands of the services. Conclusions are shared at the end of the visit both as regards their perception of our training and services, the relevance of the method of study, and their observations on their own problems and practice.

Our visitors have found that being involved in the process of finding out themselves about our maternal and child health services and training programmes is a novel method of training that many feel they could apply back home. In the process, they have recognised and studied problems similar to their own with remedies that may also be applicable. One group, for instance, noted methods of involving patients in the management of their own problems and another studied the manner in which maternal and child health has been integrated into the undergraduate curriculum. In contrast, they have been appalled by the lack of integration of the maternal and child health services and they have been critical of the failure to utilise properly the training and potential of the midwives.

(3) *Making the services fit the needs of mother and child*

Participation has also been used in a seminar designed to assist practicing paediatricians from the third world in making maternal and child health services fit needs.² Sharing with them our own failures and achievements in defining and resolving priority health problems proved a very effective means of showing the importance of 'community diagnosis' in the provision of appropriate services and training. This seminar, so far not repeated, was organised in collaboration with the International Children's Centre of Paris which provided financial assistance for the travel and subsistence of the participants, most of whom came from Africa or the Middle East.

They were given the task of exploring how 7 major child health problems in Newcastle have been identified and measured and how effectively they are being remedied. Each pair looked at one of the following: accidental injury, child abuse, disturbed children and families, early growth failure, handicap, perinatal death, and post neonatal morbidity. They were introduced to examples of community child health surveys in Newcastle in preliminary presentations, and were assisted in their investigations by a tutor.

Initially, there was a perceptible sense of dismay among the participants when they were handed their tasks, and tutors shared some of their apprehension. They had anticipated a seminar with lectures and discussion groups and did not expect to be visiting

clinics and homes, interviewing staff and patients, attending court cases, or sitting in on case conferences. In the plenary sessions at the end of the month, most of the presentations indicated an understanding of the process and an appreciation of the importance of arriving at a community diagnosis; both of these were new to the participants and even to some of the tutors! Given time they felt sure they could apply the method to their own circumstances.

Cost effectiveness of the programme

I have not found cost effectiveness easy to estimate as costs, apart from the major part of the salary of a senior lecturer and secretarial assistance, have to be measured in the time and commitment expended by a number of intra- and extramural tutors and large numbers of staff and patients. Travel and subsistence costs have been borne by various agencies who have also reimbursed any expenses sustained by the tutors. We have resisted the addition of fees to the expenses of the postgraduates, as we believe this would interfere with our freedom of choice of participants and their supporting agencies and in the conduct of the study programmes.

Registration with the General Medical Council

Postgraduates visiting for clinical study are eligible to seek exemption from the professional linguistic assessment board test at the same time as they apply for limited registration with the General Medical Council. This has provided no problems except where community based studies are involved, when much more detailed programme submissions and study outlines are requested. In practice the training programmes do not usually involve prescribing drugs or the responsibility for managing patients.

Conclusions

The effectiveness of this form of training is difficult

to evaluate, even if it is not yet too early to contemplate this. Requests have been made for further participatory seminars from the supporting agencies and expressions of the value of the experience have been received from individual postgraduates in final evaluation sessions and subsequent correspondence. These have mainly concerned the method and relevance of the training. The method of training has enabled full participation in a learning experience which is refreshingly new to most and has aroused interest in its potential. Participants and tutors have become more aware of the relevance of what we share rather than how we differ in matters relating to maternal and child health. We have worked as colleagues, the learning has been mutual, and that is surely where we should be heading.

We believe that the form of training outlined above will become not only increasingly relevant to the needs of overseas graduates but also supplementary rather than substitutional in respect of rapidly developing training programmes in their own countries. This is a desirable trend for the future. The basic essentials of the programme could be developed from the resources of most active and willing departments of child health in Britain.

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