

**Original Research Article****Implementing office paediatrics in undergraduate medical curriculum: An ideal opportunity for learning paediatric practices in a realistic picture.**Dinesh M. Nayak,<sup>1</sup> Chandrika D. Nayak,<sup>2</sup> Bharat Raj<sup>3</sup><sup>1</sup>Department of Paediatrics, Melaka Manipal Medical College (Manipal Campus), Manipal University, Manipal, India<sup>2</sup>Department of Biochemistry, Melaka Manipal Medical College (Manipal Campus), Manipal University, Manipal, India<sup>3</sup>Department of Paediatrics, A.J. Institute of Medical Sciences, Mangalore, India

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**Abstract**

Medical schools today emphasize teaching trends that allow early exposure of medical students to patients and the community. Traditional clinical teaching mainly comprises of 'bedside teaching' and lectures. However, the limitation of this teaching style is in improving the clinical competency of a student. Introducing any novel clinical teaching method in paediatrics should take care, to prevent ill feelings among patient party, as it involves examination of children by inexperienced students. Office paediatrics or teaching in outpatient department (OPD) can definitely make way for acquiring these skills for a student without inconvenience to patients. Seventy eight students of third year medical undergraduate degree course (MBBS), were introduced to this teaching method for a period of six months during their paediatric posting. Clinical training included observing the consultant functioning at the OPD, and involvement in history taking of routine paediatric problems and immunization schedules with guidance. Students were divided into batches of 12, for smooth process of learning at the OPD. After their posting, the students were made to respond to a questionnaire to give feedback about practicality of this teaching method. Majority of the students felt that they received a realistic picture of paediatric practice (92.53%). It was recommended to make this a regular feature for imparting clinical training (85.07%). The students got an opportunity to see a lot of routine paediatric problems (92.53%), an ideal opportunity to observe the immunization practice (85.07%) and to monitor growth and development (92.53%). However, the feedback on decision making to filter cases requiring treatment at OPD or admission (68.65%) and building confidence to deal with parents in the presence of the consultant (55.23%), were not so overwhelming. Students liked the new approach and agreed that office paediatrics has helped them a lot to master various paediatric practices.

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**1. Introduction**

Medical schools have a social accountability to ensure that the knowledge, skills and attitudes

acquired by medical students meet the needs of patients and communities.<sup>1</sup> Consultation between doctor and patients are central to professional medical practice. Patients rate good

communication with their doctors as important as clinical and technical competence.<sup>1,2</sup> Training to teach essential communication skills need not be extensive, but it should include training in teaching and learning for maximal benefit of trainees.<sup>3</sup> Paediatrics is an area with complex interpersonal interactions and heavily influenced by emotions has the potential to give rise to situations involving ethical problems.<sup>4</sup> Families today, want paediatricians who have an idea of their lives and their children's lives. Introducing clinical teaching method in paediatrics should take care, to prevent ill feelings among patient party, as it involves examination of children by inexperienced students. Consultation skills are important and have to be taught and learnt. Effective consultation with patients and families are important for patient satisfaction, adherence to treatment and recovery from illness.<sup>4</sup> We explored a teaching methodology known as office paediatrics (OP) or clinical teaching in the outpatient department (OPD) for teaching paediatrics to undergraduate medical students. OP exposure is an attempt in this context to aid the medical undergraduates to acquire communication skills without causing inconvenience to paediatric patients. So, our current study implemented OP and compiled their opinions, in an attempt to bring about positive reforms in paediatric teaching learning process.

## 2. Materials and methods

Seventy eight students of third year MBBS in 5<sup>th</sup> semester, were introduced to this teaching method called OP during their paediatric posting. Clinical training in OP included observing the consultant functioning at the OPD, involvement in history taking of routine paediatric problems, monitoring growth and development and understanding the immunization schedules with guidance. Students were divided into 12 batches, for smooth process of learning at the OPD. Students were made to respond to a simple yet structured questionnaire at the end of the posting

regarding the effective practice of OP. An eleven item questionnaire with closed ended questions was prepared. The level of agreement or disagreement was studied using a bipolar scaling system i.e the 5 point Likert scale. Data from Likert scales were then reduced to the nominal level by combining all agree and disagree responses into two categories of "accept" and "reject". The questionnaire was designed to assess their opinions about OP in various domains. The domains that tested the student perception about OP included their views about learning diagnostic decision making, its ability to motivate and stimulate interest in learning paediatrics, ability to provide ample opportunity to observe and finally its utility in instilling confidence to practice paediatrics.

## 3. Results and Discussion

Table 1 highlights the overwhelming response of our students to OP as they feel that it has given them ample opportunity for clinical exposure especially to foster their communication skills. Society today, expects the physician to be a medical expert, communicator, collaborator, manager, health advocate, scholar and professional.<sup>5,6</sup> Undergraduate curriculum for paediatric posting must enable students to be comfortable in interacting with child.<sup>7</sup> Expansion of student class size is a major challenge for paediatric undergraduate educators today. Bedside teaching and didactic lectures are known to enrich clinical experiences. Bedside teachings in wards are generally done in cold cases and where situation are more controlled. However in real life, students have to handle outpatient situations more frequently. Students develop a practical approach to problems spanning all of the paediatric subspecialties' in an outpatient office setup.<sup>7</sup> Our current study method is a similar approach adopted to promote training in paediatrics. Our intention to sensitize the students to first-hand experience of handling patients in the OP has been hence well acknowledged by our students.

Table 1: Student responses to domain one (opportunity for clinical exposure in OP, n=67 )

<b>Student responses</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>
It gives me a realistic picture of paediatric practice	62	4	1
Opportunity to see routine paediatric problems	62	4	1
It is an opportunity to observe immunization practices	57	9	1
It promotes the learning process to monitor growth and development	62	3	2

Results tabulated in Tables 2 and 3 are clear indicators that the students have found OP, highly practical and that it has garnered their interest in learning paediatrics. Families want all physicians who care for their children to have excellent diagnostic skills and be familiar with current research and protocols. An overwhelming response by our students for OP states that it has created ample opportunities for them to acquire skills in practicing paediatrics under the supervision of their consultant paediatrician. The small size of the study group has also created

space for students to procure knowledge in paediatric practices. OP implemented at our college has been successful in exposing the students to real life situations. This will come a long way to improve student ability for quick assessment of sick children and prioritize to attend sick children earlier. Office paediatrics gains an edge in providing clinical exposure to paediatric practices like immunization schedules, monitoring growth, etc., that are unavailable in bed side teaching.

Table 2: Student responses to domain two (practicality of OP, n=67)

<b>Student responses</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>
Confidence to deal with patients	37	27	3
Evokes interest to see clinician disposing cases with remedial suggestions	48	18	1
Identify & filter cases for outpatient and inpatient admissions	46	20	1

Table 3: Student responses to domain three (trigger for self-interest and career decision by OP, n=67)

<b>Student responses</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>
Stimulates me to read the subject more	60	6	1
Make it a regular feature for imparting clinical training	57	10	0
Experience to see consultant practicing what he preaches	60	7	0
It has motivated me to pursue paediatrics as my speciality	40	22	5

#### 4. Conclusion

Clinical training should produce the ability in a clinical student, to approach an undifferentiated collection of complaints and symptoms in any age of child. OP is an ideal approach to foster clinical skills especially communication skills, in students without causing much of an inconvenience to children and their parents. By observing the consultant in outpatient clinic, students too get a sense of involvement. Attending to a patient in outpatient clinic, right at the start of presentation to the hospital and then to follow up the case in the wards, will definitely help them to pursue keenly the progress of the patient during the hospital stay. The post training feedback from the current study gives a moral boost and a confidence to undergraduate paediatric educators. OP is definitely not a substitute for bedside teaching but remains an essential and beneficial component of paediatric teaching.

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