
ORIGINAL ARTICLE

Postgraduate Paediatric Education in Indonesia

A DESCRIPTION OF THE LEARNING AND TEACHING METHODS IN
THE DEPARTMENT OF CHILD HEALTH, MEDICAL SCHOOL,
UNIVERSITY OF INDONESIA, JAKARTA

by

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Abstract

Previously the objectives of the postgraduate training program throughout Indonesia were not clearly defined. The problems which served as objective determinants were also not defined. At present the Indonesian Paediatric Association, with her Board of Specialists, has succeeded in laying down the fundamental of the curriculum of Indonesian Paediatrician. The government as well as the Indonesian Paediatric Association now realize that the postgraduate paediatric education system should be a "system approach" to solve health problems in Indonesia

The objectives of the training of paediatricans in the Department of Child Health Medical School University of Indonesia has been described in another monograph.

To achieve the objectives the learning experience is as follows :

1. Assignment in the wards and field practice areas,
2. Case presentations
3. Death Conference,
4. Problem case discussion
5. Chart (medical records) discussion,
6. Emergency duties,
- 7 Guest lectures,
8. Home lectures,
9. Journal readings,
10. Experience in education,
- 11 Experience in research.

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I. Assignments in the wards and field practice areas are as follows :

1. Haematology	3 months
2. Nutritional disorders	1½ months
3. Gastroenterology	3 months
4. General paediatric wards (mostly infectious diseases and nutritional disorders)	7½ months
5. Cardiology	3 months
6. Pulmonology	3 months
7. Neurology	3 months
8. Perinatology	3 months
9. Paediatric surgery and General Children's OPD	3 months
10. Child Guidance Clinic (Child Psychology and Psychiatry)	2 months
11. Social Paediatrics (Integrated Community Medicine)	3 months
12. Nephrology	3 months
13. Paediatric radiology	1½ months
T o t a l	39½ months

Details of education and training in respective subdivisions and wards will be separately specified.

II. Case presentations :

Objective: For the trainee :

- to evoke an ability to analyze the case presented,
- to effect a communication with the audience by presenting his/her experience,
- to cultivate self-reliance for taking further steps.

For the commentator :

- to evoke an ability to analyze the case presented,

— to be familiarized with a critical way of thinking.

For the audience :

Trainees: to be a source of information,

Paediatricians: to be a source of information which might bring about an attitudinal change in policy.

Executive: see attachment

Time:

Tuesday : 8—9 am ((English)

Thursday : 8—9 am (Indonesian)

Saturday : 8—9 am (Indonesian)

Place:

Small lecture room, 2nd floor

Training personnel :

Function : providing guidance in analyzing a case for the trainee concerned,

Officials : Head of Department, Heads of Subdivisions, ward supervisors (seniors).

Moderator :

Function : leading a discussion to ensure that it runs efficiently,

Official : see attachment.

*Invited experts :**Function :*

- being a source of information in their respective specialty,
- revealing worthwhile information in their respective specialties.

Rules of procedure

1. The Head of the Department/executive determines the sequence of presentators.
2. The trainee looks for a case in which the examination has been completed either in the ward or in the outpatient department.
3. The trainee presents a report of the case to the head of subdivision/supervisor for review.
4. After this the trainee reports to the session executive who will then determine the day of presentation and the experts who are to be invited.
5. After reviewing, a summary of the case and the relevant literature re-

view are multiplied and distributed among all the doctors. It must be done so a long time before the day of presentation in order to enable them to study the material.

6. A case presentation must be provided with audiovisual aids.
7. A case presentation is lead by a moderator at the request of the session executive.
8. Presentation of the case, literature review and conclusion take 20 minutes.
9. After this, the commentator presents his/her comment on the material presented in less than 2 minutes.
10. The commentator is the presentator of the preceeding session.
11. After this, time will be allowed for the invited experts to present their views.
12. Following this, a discussion under the leadership of the moderator is opened to the floor.
13. The questions must first be answered by the presentator.
In case he/she is unable to do so, the moderator may request the experts to assist him/her.
14. The head of the Department makes the final comment or decision.
15. The moderator presents a summary previously prepared.

- Frequency of case presentations :* — Evaluated on the criteria mentioned in the objectives
- First year trainee : 5 - 7 times a year — Scale for scoring :
- Second year trainee : 3 - 5 times a year 10 = excellent 4 = poor
- Third year trainee : 2 - 4 times a year 8 = good 2 = very poor
- 6 = adequate
- Documentation :* — See example of rating scale
- Education section Assessor — Head of the Department
- Research section — Seniors assigned for this purpose
- Evaluation :*

R A T I N G S C A L E

CASE PRESENTATION IN THE COURSE OF PAEDIATRIC SPECIALIST TRAINING, MEDICAL SCHOOL, UNIVERSITY OF INDONESIA.

Name : Code no.

Class :

Voice Pronunciation	Very clear	Clear	Adequate	Sometimes inaudible	Often inaudible
Ability to analyze the case	Excellent	Good	Adequate	Confused	Absent
Communication with the audience	Very explicit	Explicit	Adequate	Comprehensible	Incomprehensible
Slides	Very informative	Informative	Fairly informative	Hardly informative	Not informative
Command of subject	Excellent	Good	Adequate	Doubtful	Absent

III. Death conference

Objectives :

1. Discussing the direct cause of death of the patient. Attempting to establish the diagnosis before the moment of death.
2. Evaluating the procedural steps taken during hospital treatment and before the moment of death.
3. Effecting an attitudinal change.
4. Bringing about a uniformity facilitating Medical Recording.

Executive : see attachment

Time : Tuesday, Thursday and Saturday, 7.30 — 8.00 am.

Place : Small lecture room, 2nd floor,

Rules of procedure :

1. A death conference is under the leadership of a chairman assisted by a secretary.
2. The Head of the Department determines the chairman for each conference.
3. The day before the conference day, the secretary prepares the records of patients who died within the last 2 days or the records of those regarded necessary or instructive to be presented.
4. The cases are separately discussed and the doctor in charge and the doctor on call are concerned with the responsibility for their respective case (s).
5. The chairman determines the cause of death and diagnosis based on in-

formation provided by the doctor in charge and the doctor on call.

6. In case of difficulty, the chairman may ask the seniors and the audience for their opinion.
7. The audience may correct the diagnosis and cause of death.
8. If an agreement cannot be reached, then the Head of the Department will make the final decision.
9. In case of error, the chairman and senior will provide advice to the doctor in charge and the doctor on call.

IV. Problem case discussions

Objective : Discussing the diagnosis and therapeutic measures for cases remaining unsolved in either the ward or the outpatient department.

Executive : see attachment

Time : to be determined by the executive.

Place : Small lecture room, 2nd floor.

Rules of procedure :

1. The head of subdivision or the ward supervisor selects the case to be presented at the conference.
2. The trainee makes a summary of the case.
3. The trainee presents the problems involved.
4. The conference is under the leadership of a moderator requested by the session executive to do so.

5. The audience is requested by the moderator to present their views of the case.
6. The moderator summarizes the steps that have to be taken.
7. The Head of the Department makes the final decision.

V. Record discussions

Objective :

- Assessing the measure taken during hospital treatment of the patient.
- Establishing the diagnosis.
- Determining the follow up.

Executive : Head of Subdivision and ward supervisors.

Rules of procedure :

1. The trainee collects the records of the discharged patients.
2. The trainee completes the records with examination results which have been carried out on the patients.
3. The trainee familiarizes himself/herself with the records.
4. The record (s) is/are discussed with the Head of the Subdivision/ward supervisor.
5. The diagnosis is established by the Head of the Subdivision/ward supervisor.
6. In case of failure in establishing the diagnosis and determining the therapy, the case is eligible for presentation at either a problem case conference or a case presentation session or when regarded necessary (emer-

gency) presented directly to the Head of the Department.

VI. Emergency duties

Objective : Training the trainee in facing emergency situations in the field of Child Health.

Person responsible : Coordinator for Public Service.

On call duties :

1. Outpatient department duty.
2. General ward duty.
3. Neonatology ward and Delivery Room duty.

VII. Guest lectures

Objective : Obtaining information from other sources besides the Department of Child Health.

People who may deliver the lectures are :

1. Those approved by the Head of the Department.
2. Experts on subjects other than Pediatrics, outside the Medical School University of Indonesia.
3. Foreign guests

Executive : see attachment

Time : Wednesday 11 - 12 am

VIII. Home lectures

Problem : The existence of problems worth knowing but which are not fully understood yet.

Objective : Looking of information from either the literature or other sour-

ces for a clear comprehension of the matter.

Executive : see attachment

Time : Wednesday 11 - 12 am

Place : Small lecture room, 2nd floor.

Rules of procedure :

1. The topic is given by the Head of the Department, Coordinator for Research or Head of the Subdivision to the trainee due to present the lecture.
2. Content : A literature review of the topic given, mainly literature of the last five years.
3. The trainee presents the literature review utilizing audiovisual aids.
4. Discussion is under the leadership of the moderator.
5. The Head of the Department gives the final comment.
6. The topic is preferably written in English so that it may be published in Paediatrica Indonesiana.

IX. Journal reading

Problems

- Insufficient time available for each doctor in general, to read all the existing literature.
- Not everyone can read the literature efficiently.

Objectives :

- Looking for new information in journals.

— Training oneself to assess an article and studying its references.

Executive : see attachment

Times : Wednesday 11 - 12 am

Place : Small lecture room, 2nd floor.

Rules of procedure :

1. The article to be presented is determined by either the Head of Department, the executive or other seniors. The trainee may also look for it himself/herself.
2. The turn for a journal reading is determined by the executive.
3. The trainee first studies the article and its references.
4. A journal reading is under the leadership of a moderator.
5. The trainee presents a summary of the article read stating the title, name (s) of author (s), year of publication, volume and number of the journal.
6. The moderator then opens the discussion to the floor.
7. The Head of the Department gives the final comment.

X. Experience in research

Problem : Paediatrics (Medicine) is ever changing.

Objectives :

- Training the trainee for developing an inquiring mind by conducting scientific investigation.

— To determine the usefulness of the research concerned.

Types of scientific work :

In order to fulfil the training requirement, the trainee should present :

1. a literature review concerning a particular topic (see home lectures).
2. working papers :
 - one as the chief author, and
 - two as the co-author.
 during his/her training.

The method for preparing a working paper, see guidelines for research.

XI. Experience in education

Problems :

- Ignorance of health problems in the community.
- The need for paediatricians capable of teaching health manpower and the community.

Objective :

- Training the pediatrician on the principles of education.

Rules of procedure :

1. Training and teaching the paramedical manpower.
2. Providing guidance and giving lectures to medical students.
3. Providing guidance to junior colleagues.
4. The script of the lecture should first be approved by the Head of the Department before it is delivered.

Evaluation : In broad outlines, trainees are evaluated on three main criteria viz :

1. Knowledge
2. Skill
3. Attitude

The scale for scoring used for each criterion is as follows :

- | | |
|----------------|----------------|
| 10 = excellent | 4 = inadequate |
| 8 = adequate | 2 = poor |
| 6 = moderate | |

Evaluation is done in the subdivision, ward and outpatient department, and during the performance of other scientific activities (see Education and Training Activities).

Rules of procedure

1. The Head of the Department, heads of the Subdivisions, coordinators and ward supervisors periodically hold a meeting for evaluation.
2. At the evaluation meeting, the performance of the trainee is discussed based on the three above mentioned criteria.
3. Prior to the evaluation meeting, the heads of the Subdivisions and ward supervisors have to submit a report on individual trainees working in their respective subdivision or wards.
4. The meeting decides on the trainees that are to be admonished.
5. The meeting decides on which of the trainees has/have fulfilled all the requirements of the education and training.

6. The decisions made at the meeting will be made known to the trainee concerned by the Head of the Department.
 7. Admonition for each trainee shall not be more than 5 times.
 8. The fourth admonition leads to termination of the training with consequent return to previous post.
 9. The first six months of training constitute a period of probation.
- Refresher courses.
 - National and international seminars.
 - National Paediatric Congresses.
 - International Paediatric Congresses.
 - Paediatricians in general and those attached to the teaching staff in particular :
 - need to pay a short visit to developed countries.
 - are strongly advised to go abroad for a subspecialty.

Supplement

- Finally, a paediatrician is subject to evaluation by the society.
- A feedback report from paediatricians to the Department which trained them is necessary.
- Paediatrics (Medicine) is a continuous study.
- A paediatrician needs to continue attending :

What will be following qualification

1. A return to the post which sent him/her for training via the Ministry of Health.
2. Those found to be excellent may be proposed for joining the teaching staff or requested to do so.

REFERENCES

1. Postgraduate Paediatric Training Programme in the Department of Child Health, Medical School University of Indonesia, Jakarta. General Outline of the Curriculum.
- File in the Department of Child Health Medical School University of Indonesia, Jakarta.