Findings of group discussions towards a resolution to make the care for infants and children a core competency for all paediatricians

IMTF pre-congress workshop at the 26th IPA Congress of Paediatrics
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Introduction

Paediatricians are uniquely positioned to contribute towards eradicating severe malnutrition in infants and children since they are entrusted with care of children. At the workshop the participants discussed in small groups (10 per table) what should the IPA do to improve the competency of Pediatric Health Professionals in addressing severe malnutrition. The group deliberations were on the following 5 topics:

- Enlisting paediatricians as advocates at national level for 'core competency'- ideas and logistics;
- Paediatric associations and engaging members for action
- Strategies to impart knowledge and skills for 'core competency' – what approaches are needed?
- Changing medical/nursing curricula to cover 'core competency'
- Achieving effective in-service training: negotiating who to train, by whom, and using what kinds of materials

All groups were invited to consider likely barriers and how to overcome them.

The outcome of these group discussions is presented below:

Group 1 Paediatricians as advocates in achieving core competency for care of children with severe malnutrition

Group 1A

We resolve that:

- National pediatrics Association and other National Health Associations should harmonize their advocacy to Government in Policy making and implementation

- Situational analysis by Pediatricians as to Severe Malnutrition in the area they work in, what they can do by prioritizing and monitoring
- Communication strategies by pediatricians and other lay professions specifically on Malnutrition

Group 2: Achieving core competency in caring for infants and children with severe malnutrition: Role of National Paediatric Associations

Group 2A: Findings

Currently within Africa these organizations do not play a significant role in raising the profile of childhood malnutrition. We believe that Pediatric Societies should begin to advocate for increased attention to be paid to the importance of prevention and treatment of malnutrition.

Pediatric societies should join forces with other influential bodies, such as the SA College of Pediatrics to engage other professional organizations whose role in malnutrition care and prevention are vital, such as nurses and dietitians.

Pediatric Societies should coordinate, advocate, and communicate with appropriate government ministries and international agencies to create the political will to provide the focus and resources to act on this problem.

Barriers to fulfillment

- Physician ignorance and apathy toward malnutrition
- Lack of resources, organization and dedicated people
- Disagreements in the proper training techniques and knowledge to impart to trainees.
- Failure to coordinate approach to malnutrition with other sectors, such as agriculture.

Group 2B findings

We believe that Paediatric Associations

- Dialogue with politicians and administrators: Advocacy for the problem
- Support pediatricians to teach / support pediatricians that are willing to provide voluntary temporary service

- Contact / support from paediatric associations from countries that do not have high prevalence of pediatric malnutrition. Brain Drain code of conduct for recruitment by centers of industrialized countries...

Group 3: Strategies to impart knowledge and skills for 'core competency' – what approaches are needed

Group 3A.

We believe that there should be prevention and treatment approaches to impart knowledge and skills for achieving core competency for paediatricians.

1. Prevention strategies
   - All levels involved, that is, health care workers, parents, teachers and everyone who comes in contact with a child.
   - Early detection of severe malnutrition in the community by identifying children at risk.
   - Continued education of health care workers, parents and continuous follow-up of children.
2. Treatment strategies

   COMMUNITY LEVEL
   - Identify district leaders in each community
   - Educate all citizens about malnutrition by "media assault" – pamphlets, ads on TV, and radios, in and out of hospitals.
   - Add malnutrition to education syllabus in schools
   - Government and private business buy-in
   - Identify problematic local practices which are promoting malnutrition

   FACILITY BASED –
   - Primary champion in each hospital.
   - Protocols on identifying and managing malnutrition visible in every area a child is seen.
   - Compulsory malnutrition CPD points/year for health care workers.
   - Clinics linked to hospitals for continuous education and feedback and Road to health card promotion
   - All HCW to be competent on all aspects of malnutrition.
3. BREASTFEEDING

- Enable/Encourage breastfeeding by all mums
- Promote the Baby Friendly Hospital Initiative
- At every EPI visit enquire about feeding practices and do weights
- Remove stigma of breastfeeding.

Group 3B.

We resolved that the strategies to impart knowledge and skills for core competency on caring for infants and children with severe malnutrition include the following:

1. Include the management of SAM in formal curricula for all health workers: Doctors, Paediatricians, Nurses, Nutritionist, Dieticians, Community Health Workers, and social workers
    - Barriers: There will be many resistances to achieving this.
    - Opportunities: involve scientific societies and Universities; GL already exist.
1. To continue with training, stressing re-training:

Characteristics of courses:

- On site
- Involve all (doctors, nurses, nutritionist, CHW, social workers)
- Built a team that really work together
- Core part for all, then diversify depending on tasks
- Keep it very practical: “what to do when…”
- Stress assessment of nutritional status for every child (+ mothers)
- Stress integration with other programs: IMCI, EPI, antenatal care
- Include strategies for retraining: simulation day every 3 months, rotation of personnel
- Give responsibilities for implementation, retraining, M&E
- M&E should be part of the training contents
- Produce and disseminate materials: use simple charts, use them for case simulation to be sure they are known, remember integration with other programs
- Disseminate to all provinces and RURAL areas
  Opportunities: standard GLs already existing, role of Universities in training and M&E

2. Invest in other dissemination strategies. These include

- Using the media (all media: TV, radio, mob- phones.)
- Health education in schools (consider the teenagers point of view to be effective)

Group 4: Changing medical/nursing curricula to cover 'core competency': likely barriers and how to overcome them

Group 4A

We believe changing the medical/nursing curricula to cover core competency for the care of infants and children with severe malnutrition could be faced with severe barriers. These may include:

Barriers

- Lack of knowledge and training (lecturers and trainers)
- Lack of awareness on the prevalence, causes and consequences of malnutrition at all level, hence lack of appreciation of the problem
- Lack of equipment and logistics at training facilities
- Current training curriculum is loaded

We suggest that the following could help overcome these barriers

Solutions

- Update trainers
- Advocacy and sensitisation at all levels
- Re-allocation of resources by policy makers, adapting guidelines to suit countries
- Integrate malnutrition into existing programmes

Group 4B

We believe that the following barriers could stand in the way of achieving core competency for care of children with severe malnutrition for all paediatricians. These barriers may include:

Barriers

1) Most schools of nursing and hospitals lack nutrition units
2) Most pediatricians and trained nutritionists practice in tertiary hospitals, while malnutrition is higher in district hospitals
3) Curricula in nutrition in some countries are handled by both the ministry of education and health and this reduces emphasis on nutrition.

We believe the following suggestions could help overcome these challenges. These include

1) Making the study of nutrition and management of malnutrition compulsory and a priority in our schools.
2) Involving the deans of college of nursing and medicine to emphasise on the importance of nutrition education and changing of curricula for same.
3) Encouraging community health practitioners to make rotation of students in nutrition a priority

Group 5 Achieving effective in-service training: negotiating who to train, by whom, and using what kinds of materials

Group 5A

Members of this group agreed that to achieve effective in-service training for every paediatrician, there is the need for

1. Proper diagnosis and triage with proper tools and good cut-off points leading to consistency of message delivery
2. 10 steps good but need sub-steps for co-morbidity hence local adaptation necessary
3. Context; use available materials and resources. Everybody involved in care of children can be trained. Identify within each sector a leader to take charge.
4. Severe acute malnutrition is a misnomer; been there much longer and acute malnutrition is a bias of the provider
5. Sustainability of training; start with medical students to turn into pre-service from in-service. This enables intergenerational continuity of the strategies

Group 5b

We agree that to achieve effective in-service training for every paediatrician these are required.

There should be:

In-house training: Training offered to people already with a formal training

This training should be specific to malnutrition

There should also be effective in service training aimed at achieving better outcomes based on performer indicators at each level

How can this be done?

- Situation analysis to identify the problem in each area/level
- Develop training protocols for each level and standardize them
- Integrate monitoring and evaluation in training.

Who to train?

Community Health Workers

Medical school lecturers

Hospital level personnel working in malnutrition in one way or the other

Administrators/managers

Who should be trained?

- Multi-disciplinary team which has expertise in management of SAM
- Develop training manuals for trainer of trainers
  - Guidelines
  - Algorithms
  - Treatment/management protocols for each level

Materials needed for t raining

- Overview lectures
- Practical orientated training: Center where severely malnourished children are admitted
- Bedside demonstrations with actual cases
- Food preparation: phase specific
- Practical demonstrations for mothers
- Teaching guides
- Check list

Likely barriers against success

Lack of the following

- political will
- adequate knowledge
- Motivation
- Trained human resource
- There is a perpetual situation of inadequate/erratic supplies
- Inadequate supervision

Opportunities for affecting changes

- Availability of local foods
- Expertise
- Integrate in already existing systems like:
    - Malaria, HIV, TB
    - Immunization
    - Family program me
    - PMTCT
    - Medial and nursing basic training
- Support group development