

RECOMMENDATIONS

Consensus Recommendations on Course & Curriculum on Adolescent Health at UG and PG Medical Education, 2009

INDIAN ACADEMY OF PEDIATRICS, ADOLESCENT CHAPTER

Correspondence to: Dr Sukanta Chatterjee, Secretary Adolescent Chapter IAP, Prof & Head of Pediatrics, Medical College Kolkata, 88 College Street, Kolkata 700073, India
Email: sukantachatterjee@hotmail.com

Executive Summary

Justification: There is a need to formulate recommendations regarding inclusion of optimum element of adolescent health in the existing medical education taking care the apprehension of overburdening the syllabus. **Process:** A draft statement was prepared and circulated among the participants to arrive at a consensus in a meeting held on February 2009. One day each was devoted to UG and PG draft. Recommendations finalized through group work and common forum discussion. **Objectives:** 1) To identify areas of adolescent health that need further orientation on existing curriculum 2) to recommend consensus distribution of them among Pediatrics, Gynecology & Obstetrics and Community Medicine in addition to the existing share of Internal Medicine. The primary aim was to develop adolescent friendly health services skill amongst the learners. **Recommendations:** 1) At undergraduate level distribution of teaching hours, topics with teaching department and allocation of marks for assessment is detailed out within the structured framework of Medical Council of India guidelines. 2) Existing Postgraduate courses in Pediatrics, G&O and Community Medicine, in addition to Internal Medicine, need to be utilized for producing better skilled doctors on adolescent health. Recommendations made by subject expert group. 3) Recognized PG course in Adolescent Medicine is the final goal to create highest quality professionals in the field but the ground reality requires gradual step up. Presently, certificates of Institutional Training, Fellowships/Residents, contact programs by IGNOU and others need to be promoted.

RECOMMENDATION

Adolescents are 22% of Indian population (Census 2001). Primary health care services for these 250 millions are mostly offered by graduate doctors. Acknowledging the special health needs of the adolescents, particularly its mode of delivery, government of India introduced three days long in-service Orientation Program for Medical Officers under RCH II in 2005 now merged with National Rural Health Mission (NRHM). Many appreciate the need of pre-service orientation for the same at undergraduate medical education to impart the skill of adolescent friendly health services to basic doctors. The issues like confidentiality in information, consent and privacy in examination, special needs of sexual and reproductive health, health concerns, counseling and development of adolescent mind need further orientation within the existing medical education system. In absence of separate postgraduate (PG) course in adolescent medicine at present, the need/justification of such facility is also coming to surface. The Adolescent Chapter, Indian Academy of Pediatrics along with HOD Cell decided to formulate a recommendation on these issues inviting different experts and academic partners.

Process: Adolescent Chapter of Indian Academy of Pediatrics prepared a draft curriculum involving Head Of the Department (HOD) Cell of IAP for

pediatrics section at UG and PG courses. HOD of Community Medicine and HOD of Obstetrics & Gynecology prepared the draft for their sections. After e-mail interactions among the subject groups the draft of the three sections were formulated and presented at the Delhi workshop in February 2009 supported by WHO India. The invitees were faculties and experts from Pediatrics, G&O, Community Medicine, Indian Academy of Pediatrics, FOGSI, IPHA, Medical Council of India and other stakeholders. The lists of participants are shown in Annexure. With group work and open discussion on the draft the recommendation was finalized. First day was devoted to UG recommendation and second day for PG recommendation.

Objectives: 1) To identify the areas of adolescent health that need further orientation in addition to the existing training in the Internal Medicine that could be shared by allied departments like Pediatrics, G&O and Community Medicine 2) to recommend consensus distribution of the topics, framing a teaching schedule and preferable allotment of marks in the evaluation process amongst the departments within the structured framework of Medical Council of India Guidelines for UG studies. The aim is to impart the skill of adolescent friendly health services in the learners taking care of the apprehension of overburdening the syllabus for the students 3) to evaluate the possibility of separate postgraduate medical education on adolescent health 4) Recommend inclusion of the adolescent health components, teaching schedule and preferred allocation of marks in the existing postgraduate courses in Pediatrics, G&O and Community Medicine to develop quality adolescent health care provider until separate speciality emerges.

I. Undergraduate Medical Education Level

Medical Council of India (MCI) UG curriculum Guidelines has allowed enough scope of inclusion of adolescent health. National Programs like MCH/RCH containing adolescent health Orientation Program for MOs are included in the Goal of UG curriculum. In the subject wise detailing, the Pediatrics has mentioned items like normal and deviations thereof in adolescent growth and development, counseling etc (MCI graduate medical education regulations 1997)

Recommendation for undergraduate curriculum:

: **Goals:** As per the MCI recommendations the expert committee felt that ,since the students are likely to interact with the adolescents in hospital and in the community during their pediatrics, obs and gyne and community medicine posting, it is better to impart integrated teaching by these three departments ,if logistically possible.

In the event where the integrated teaching is not possible, the primary responsibility will rest the departments as shown in the matrix.

Contents:

- Growth, development and growing up concerns (including body image)
- Nutrition –anemia, under nutrition and obesity
- Immunization
- Adolescent sexual behavior & health implications
- Demography, health, nutritional & psycho-social problems – magnitude (National scenario)
- Adolescent sexual & reproductive health concerns - pregnancy & unsafe abortions, contraception, RTI/STI, HIV/AIDS in adolescents, substance abuse
- Social-cultural factors in relation menstruation, marriage, sex and pregnancy, their effect on health and barriers to health care seeking
- Special needs of the adolescents-oral & dental care, eye care, skin care.
- Adolescent friendly health services – essentials of friendliness, National initiatives, Community, school, clinic-based services.
- Risk taking behaviors- accidents, injuries and violence.
- Identification of mental disorders
- Ethical, legal issues and gender issues sin adolescent health care, including privacy, confidentiality competence and consent.

Knowledge and Skills: Students should acquire adequate knowledge and appropriate skills necessary to optimally deal with health concerns and major health problems of the adolescents at Primary Health Care Level. The recommendations on Knowledge, Skill, Teaching hours and Evaluation marking are given in tabular form

Table I: Items of knowledge with teaching department and the suggested semester

Topics	Semester	Departments
Knowledge		
1. Explain the significance of adolescent health in the context of overall global and national health scenario and magnitude of common health problems and their health needs,	6. 7	Community Medicine (CM)
2. Describe growth and development during adolescence,	6,7	Pediatrics
3. Describe adolescent mind, normal behavioral changes and deviations,	8.9	Pediatrics, (Psychiatry)
4. Describe the common diseases, nutritional and reproductive problems affecting adolescents and socio-cultural factors affecting these,	6-7, 8-9	CM, Pediatrics, Obs and Gynec (OBGY)
5. Describe menstruation, menstrual hygiene, common practices and myths, and common menstrual problems,	6-7	OBGY
6. Describe social-cultural factors in relation to menstruation, marriage, sex and pregnancy,	6-7	CM
7. Describe the principles and strategies for promotive, preventive & curative services for the adolescents,	6-7	CM
8. Manage the National programs targeted towards the adolescent health issues,	6-7	CM

9. Describe the health care seeking behavior and barriers. and	6-7	CM
10. Describe the ethical and legal issues in adolescent health care, including privacy, confidentiality, competence, and consent.	6-7. 8-9	CM, Pediatrics, OBGY

Table II: Items of Skill with teaching department and the suggested semester

Topic	Semester	Department
Skills		
1. Elicit adolescent history (application of issues related to privacy, consent, and confidentiality, and use of common screening tools like HEEADSSS)	6-7, 8-9	Pediatrics, CM
2. Perform physical examination (use of a chaperon, recognition of issues of body perception, assessment of growth and pubertal status),	8-9	Pediatrics
3. Assess growth & development of adolescents,	8-9	Pediatrics
4. Able to communicate with and counsel them,	6-7	CM
5. Manage common adolescent problems and identify issues for referral	8-9	Pediatrics, OBGY
6. * Perform gynecological examination of an adolescent girl,	8-9	OBGY
7. * Perform physical examination of a victim of sexual assault and related medico-legal procedures,	8-9	OBGY
8. Analyze prevailing social practices, taboos and other issues related to health & disease during this period and their effect on health	6-7	CM

* These items to be taught preferably, as knowledge and not as skill at UG level

Teaching – Learning Hours and Methods:

The different department decided to introduce adolescent related topics in different semester as per their convenience and minimum hour to be devoted in theory and clinical is given in the following table.

Table III: Teaching hours and schedule

Components	Pediatrics	Obs and Gyne	Community Medicine
Theory	4 Hours in 8 th Semester (5% of total hours)	5 Hours in 6 th & 7 th Semester (5% of total hours)	4 Hours in 6 th Semester
Practical	8 hours (2-3 days) in 8 th –9 th Semester	10 hours (3-4 days)	8 hours (family study and project work)

Teaching-learning methods

- Lectures
- Small group tutorials

- Group activities – problem based study at family/community level, project work
- Exposure to AFHC clinic, other service points – clinical practice
- Role play – counseling skills
- AV presentations
- Field visits-school, family, community

Evaluation or Scores in Examination

The committee felt that unless the adolescent health related issues are assessed and marked during the examination, students were less likely to take this. Subsequently the respective departmental committees suggested the following mode of evaluation in the curriculum.

Table IV: Evaluation in final examination

Components	Pediatrics	Obs and Gyne	Community Medicine
Theory	3+1 marks out of total 50	5 marks out of 80	5-6 out of 120
Practical + Oral	2-3 marks out of total 50 (Oral or Practical)	2 marks out of total 30 (Oral or Practical)	3 marks out of 50 (family study or project work)

II Post Graduate Medical Education level

Development of separate postgraduate degree course on adolescent medicine is the ultimate goal to achieve highest quality of professionals and faculties in the field. The present health system necessitates gradual stepping up of adolescent health infrastructure like adolescent clinics, wards and departments to create training facilities. The experts opined 1) current promotion of contact programs like that of IGNOU, certificate courses from institutions, resident or hospital training, Orientation Programs etc. 2) Existing PG courses, particularly Pediatrics, Obstetrics & Gynecology, Community Medicine and Internal Medicine, should have adequate components of adolescent health included in them. Recommendations outlined for OB & GY, CM and Pediatrics in the Annexure

ANNEXURE – 1

Writing Committee: Dr Sukanta Chatterjee, Dr Harish Pemde, Dr Srikanta Basu, Dr Sudha Salhan, Dr Pratima Mittal, Dr Sanjay Chaturvedi, Dr D. Taneja, Dr Ranjana Chatterjee, Dr Tarun Ghosh, Dr Sandip Roy & Dr Samir Dasgupta

List of Participants: Dr Davendra Taneja, Dr Sandip Roy, Dr Sanjay Chaturvedi, Dr Roopa Bellad, Dr Ranjana Chatterjee, Dr T K Jena, Dr Ravi Gupta, Dr Satinder Aneja, Dr Harish Pemde, Dr Sangeeta Yadav, Dr Pratima Mittal, Dr Sudha Salhan, Dr O P Mishra, Dr Sunil Karande, Dr V Goswami, Dr Premlata Parekh, Dr Sukanta Chatterjee, Dr Srikant Basu, Dr Kiran Sharma, Dr Panna Choudhury, Dr (Mrs) N S Mahantshetti, Dr Samir Dasgupta, Dr Tarun Ghosh, Dr Arun Kumar De, Dr S S Trivedi, Dr Lalitha Kailas, Dr Deoki Nandan, Mr Sanjoy

Prasad, Dr Rajesh Mehta, Mr Chaitanya Prasad, Dr Neena Raina, Dr Indrajit Ray, Dr TS Jain,

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Competing interests: None stated

ANNEXURE – 2

Curriculum on existing Postgraduate Course in OBSTETRICS & GYNECOLOGY

Semester Division: all the 6 semesters could be utilized for developing communication skill with adolescents and clinical exam (difference in clinical exam methods of a 13 yr old girl from that of a 26/56 yr old one should be stressed)

- » Three full day or six half day integrated OP training course for all Post Graduates Students of Gynae and Pediatrics and Community medicine by consultants of all concerned specialties. (*second or third Semester*)
- » In-patients and out-patients exposure: If they have Adolescent Clinic in the institute/department – it can be utilized for demonstration to the students. If no special clinic then students should record at least five adolescent cases with interventions they plan
- » One week posting in pediatrics to learn about developmental issues of adolescent boys also
- » One week posting in Department of Psychiatry for mental health issues and substance abuses etc
- » To conduct at least one health education session each semester in a school/community (first three sessions with seniors and three independently)

Syllabus component division:

- 1) *Demographics of adolescents in India, need of school and Community based services*
- 2) *National Program on adolescent health i.e. Adolescent Friendly Reproductive & Sexual Health (AFRSH) Services*
- 3) *Counseling an adolescent girl*
- 4) *Gynecological examination of an adolescent girl*
- 5) *Normal adolescent Growth, Growth Charts, MPH, growth monitoring, retardation and other abnormalities*
- 6) *Body image issues in adolescents*
- 7) *Breast Problems in adolescents*

- 8) *Adolescent nutrition and eating disorders*
 - 9) *Puberty and its variations, SMR assessment (self vs physicians)*
 - 10) *Psychosocial development, adolescent mind and concerns*
 - 11) *Mental health issues as learning disorders, relationship, parenting, stress, suicide and violence*
 - 12) *Behavior – normal variations and pathological ones, High risk behaviour substance abuse*
 - 13) *Sex and sexuality development, Sexual violence, Injuries and sexual abuse, Genital trauma in adolescents, Examination of a rape victim*
 - 14) *Counseling on sexuality*
 - 15) *Vaccination in adolescent girls- Rubella, HPV*
 - 16) *Medico legal issues concerning adolescent girls-Consent, determination of bone age etc*
 - 17) *Screening for anemia, Lipid dysfunction, diabetes, hypertension*
- Thalassemia*
- 18) *Personal hygiene, orodental hygiene menstrual hygiene*

Beside these, issues listed below are already being covered in PG course in Ob-Gyn

Amenorrhea, Precocious puberty, Genital tract abnormalities and their correction, Inter-sex, Menstruation and its variations; menstrual hygiene, PCOS & Hirsutism and virilization, Dysmenorrhea, Pelvic pain and Endometriosis in adolescents, RTI / STI / HIV in adolescents, Pelvic Tuberculosis in adolescents, Benign and malignant tumors in adolescents, CIN in adolescents, Adolescent pregnancy prevention, premarital counseling, Induced abortions in adolescents, Contraceptives and prevention of STI

Clinical and Theory Class Division:

Clinical

- » Counseling skill – at OPD
- » Antenatal OPD, Gynae OPD and Family Welfare OPD and Casualty dealing with septic abortions etc
- » Adolescent Clinic if exists
- » Health check ups at nearby school/ community adopted by Community Medicine Dept.

Thesis work – few students may get adolescent health as thesis topic

Theory classes / Seminars/Journal Club to cover adolescent health

Examination: adol. health share/proposed division of marks:

Theory: All Four Papers preferably have either one long question or two short notes (10 marks) in paper I., II. & III on issues relevant to adolescents =30

Paper I : Anatomy and Reproductive Endocrinology

Paper II Obstetrics and Neonatal Care

Paper III Gynecology and Family Planning

Paper IV Recent advances in Obstetrics and Gynecology

Oral: one compulsory oral Q (10 marks out of 100) specially on Counseling and Medico legal issues & Preventive Gynecology
Practical: Out of 2 cases (1 obstetrics and one Gynecology) commonly given in the exam, one of the case may be of adolescent age group

ANNEXURE – 3

Curriculum on existing Postgraduate Course in COMMUNITY MEDICINE

Objective of PG course

- *To understand the adolescent health & nutritional problems as well as health needs at the family and community level*
- *To develop communication skill to gain confidence of Adolescent boys & girls to discuss freely about their health problem & needs*
- *To link up between the community & allied departments to understand the items of services available for referral of adolescent boys and girls*
- *To guide them for referral compliance*

Syllabus component division

Demographic profile of adolescents in India under the perspective of family and community, health need and health problems of adolescent, knowledge of these health problems & need at the family and community level. Their attitude towards health need & and health problems and knowledge about service availability. Community based services for school children– how it could be utilized for improving health of the adolescent. Addressing adolescent nutrition and dietetics as well as cafeteria choices for their food , National Program on adolescent health i.e. Adolescent Friendly Reproductive & Sexual Health (AFRSH) Services, Role in RCH II program

Community & Clinical:

At least 5-10 families should be allotted to each PG students. They should analyze at these families

- *% of adolescent out of total family members- discuss demographic issues*
- *Application of adolescent growth and find out the extent of growth faltering*
- *Find out the morbidity pattern, health needs and health care-seeking behavior of adolescent boys and girls and their family members*
- *Knowledge about the adolescent health & general health problems as well as simple acts like hand washing & home hygiene practices etc*
- *Make a community diagnosis – in respect of Management at the individual, family and community level*
- *To discuss with community about the findings and recommend measures so that communication skill of PG will be developed*

Theory Class Division:

It should be provided through integrated seminar with department of Community Medicine, Pediatrics & G & O department

Modular class through ARSH module and other relevant modules like RCH module

Examination:

Field or case at the family

A long case or a short case will be given in the family to identify the health needs, health problems and nutritional status by using adolescent growth chart. Based on that they will suggest management for the adolescent as an individual, management at the family level as well suggest management at the community level.

Total marks will be for long or short case per the university norms

Oral:

Compulsory questions on RCH and adolescent health should be asked by the examiners

Theory:

One long or short question may be given out of 4 papers scheduled for the examination

Implementation Partners: Indian Public Health Association and IAPSM

Both these associations should be contacted to implement these proposals as for such activities to be implemented MCI permission is not needed

ANNEXURE – 4

Curriculum on existing Postgraduate Course in PEDIATRICS

Semester Division: all the 6 semesters could be utilized for developing communication skill with adolescents and clinical exam (difference in clinical exam methods of a 6 yr old boy from that of a 16 yr old one should be stressed)

In-patients and out-patients exposure: most of the institutes presently admitting children up to 12 yrs of age. If they have Adolescent Clinic in the institute/department – it can be utilized for demonstration to the students.

Otherwise inter-departmental teaching from the dept of Medicine will help

Syllabus component division:

Normal adolescent Growth, Growth Charts, MPH, growth monitor-

ing, retardation and other abnormalities

Puberty and its variations, SMR assessment (self vs physicians)

concerns, Normal adolescent development, adolescent mind and

Sex and sexuality development

risk

Behavior – normal variations and pathological ones, health

Behaviors

Menarche, its variations; menstrual hygiene and complaints

Adolescent pregnancy prevention, premarital counseling

Contraceptives and prevention of STI

Demographics of adolescents in India, need of school and

Community based services; adolescent nutrition, National

Program on adolescent health i.e. Adolescent Friendly

Reproductive & Sexual Health (AFRSH) Services

Clinical and Theory Class Division:

Clinical 1) up to 12yrs – indoor and outdoor patients

2)13 to 19yrs – a) Adolescent Clinic if exists or dept of
Med

b) Health check up at nearby school

Counseling skill – at OPD

Thesis work – few students may get adolescent health as thesis

topic

Theory class/ Seminars/Journal Club to cover adolescent health

Examination: adol. health share/proposed division of marks:

Theory: one compulsory full Question (25 marks) in 4th paper

Oral: one compulsory oral Q (10 marks out of 100)

Practical: Out of 4 cases (1 new born, 2 short, 1 long) commonly

given in

The exam, one of the short cases will be of adolescent age group

