

of teaching staff and students to the introduction of IMCI (Integrated management of positive attitudes and supportive environment). A joint WHO and Sudanese team finds a childhood illness) into the medical school teaching programme at the International University of Africa, Khartoum, Sudan, and identifies areas requiring strengthening.

: a) assessing the level of student competencies in the aimed at. This external evaluation, the sixth to be conducted in the Region, was carried out from 13 to 16 May 2012 and management of under-five children as a result of the introduction of IMCI into paediatric teaching in 2002; b) assessing the quality of such teaching; c) making recommendations to further strengthen the teaching programme, and d) strengthening national capacity for these evaluations.

follow the standard methodology described in the WHO Regional office's "Guide to the Evaluation of IMCI Pre-service Education". The team observed evaluation methods. The several theoretical and outpatient clinical sessions, visited the library facilities and teaching sites, conducted field visits (PHC facility and community) and focused group discussions with students and teachers in both the paediatrics and community medicine departments. It also assessed student knowledge through a written test (MCQs and case scenarios) and student clinical skills through observation of case management practised by students.

(clinical, health system and community child care), for students to develop clinical skills, be three IMCI components. The original teaching plan of the school was to cover all the exposed to health systems during field visits to primary health care facilities and interact with leaders and mothers in the community.

ratio of 1:10 for clinical sessions. staff to student. All but one teaching staff at both departments had been trained in IMCI, with a

and allocated 10% of the total marks. examinations. IMCI-related items were included in student

" over 2 weeks but only within the paediatric rotation. One limitation of this approach, generally not recommended by WHO, was that it had block system. IMCI was taught in a " limited linkages with the rest of paediatric teaching and community medicine curriculum.

highlighted a number of deficiencies. The findings were in line with those on teaching methodology. This helped identify gaps. student knowledge and clinical assessment tests. The and specific areas requiring more emphasis in teaching and practice.

Areas which could strengthen teaching at IUA include:

Establishing stronger links between the IMCI approach and the rest of paediatric teaching;

Enhancing teaching, based on other medical schools' experience in Sudan and as outlined in the WHO IMCI pre-service education package;

Maximizing student opportunities for supervised clinical training, rotating them through the sites which have larger caseload;

Including health system and community child care components in community medicine teaching, rather than paediatric teaching, with standard guidelines also for supervised field visits;

Considering utilizing the university's skill laboratory to enhance students' skill practice;

Increasing the number and copies of IMCI reference materials in the library.

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