

## What is pre-service education

“Education” is defined as the process of giving or acquiring knowledge and skills and developing attitudes and values, especially at a school or university.<sup>1</sup>

“Training” likewise aims at improving the level of a trainee’s competence in a specific area and may be defined as the process of developing, changing or strengthening knowledge, skills and attitudes of a target group.

The expression “in-service training” refers to training of persons already employed, e.g. health providers working in the public or private sector.

“Pre-service” refers to activities which take place before a person takes up a job which requires specific training, i.e. before a person ‘enters service’. Properly speaking, also courses for graduates, in addition to those for undergraduates, are ‘pre-service courses’ if they provide the competence needed to perform new ‘services’.

In this website, the expressions “**pre-service education**” or “**pre-service training**” are used to refer to any structured activity aiming at developing or reinforcing knowledge and skills before a health care professional enters public health service or private practice.

<sup>1</sup> Definitions used here are adapted from The Oxford Dictionary of English and other references available at Oxford Reference Online .

---

## What is IMCI pre-service training

IMCI ( [Integrated Management of Child Health](#) ) pre-service **training** or **education** in this website refers to the process of introducing clinical and public health concepts and approaches of the IMCI strategy into medical and paramedical education, before graduates enter service. This can generally apply to other relevant public health topics, as done in the past in the area of control of diarrhoea diseases and acute respiratory infections, expanded programme on

immunization, breastfeeding, etc.

## **Rationale**

Traditionally, educational institutions tend to be the depositaries of knowledge, and strive to keep up with the most recent advances and pass them on to students.

The connection between the world of knowledge and the realities with which students will be confronted after graduation is often weak. Teaching may suffer from a lack of practical approach to dealing with those “real-world” situations at the different levels of practice. Very loose may also be the relationships between teaching institutions and the institutions and environments in which graduates will work. Sophisticated and intellectual knowledge tends to be more attractive in medical education than common knowledge and skills that are applied to every-day practice.

As a study carried out by CAH in different WHO Regions has showed, key paediatrics textbooks used as a reference by teachers and students in developing countries are often from developed countries.

As a result, the distribution of time in a teaching curriculum may privilege rare diseases, sophisticated skills and modern tests while penalizing the most common conditions and skills and attitudes needed in a particular setting. In other words, the overall teaching programme may deal with subjects and skills in an unbalanced way.

While many graduates will end up practising at primary health care, paediatric teaching in undergraduate training often tends to focus mainly on inpatient or hospital care, with little room for paediatric outpatient care and home care. Essential skills, such as communication skills, are rarely taught to students, despite the fact that most child care is delegated to families and takes place at home, and the quality of child care relies on the advice child caretakers have received.

As a result, many students may be exposed to information they may be unable to apply in the prevailing working environment in their country and, at the same time, may be unprepared to perform the more common tasks that will be required of them in their daily practice in the real world with the resources available.

Furthermore, for a variety of reasons, teaching in developing countries often employs passive methods for students' learning: lecturing is used as the classical and dominant method in order to address large number of students at the same time, there is little opportunity for clinical practice and scarce use is made of interactive learning.

### **Aim**

The [objectives](#) of pre-service training are to address these issues to prepare a cadre of health providers ready for the tasks and the working environment.

It should be emphasized that medical education aims at providing knowledge and developing skills and attitudes among students as part of a thorough "education" process, to enable them to think through a differential diagnostic process before formulating a diagnosis and prescribing treatment.

Clinical decision rules and standard protocols, such as the [IMCI guidelines](#) , are meant to guide this process rather than replace it.

### **Preparing students**

Students should be ready to perform adequately both in situations in which hardly any diagnostic facilities are available and in settings where a full range of such facilities exist. This is why such guidelines should be integrated in existing teaching programmes, in subjects to which they best relate, rather than be a new subject. Also, "IMCI" is not comprehensive paediatrics: it deals only with a number of priority health problems in a specific age group, i.e. children under five years old.

### **Sustaining child care interventions**

By addressing undergraduates before they qualify and enter service, whether public or private, IMCI pre-service training is seen in the Region as an approach which holds a high potential for supporting and sustaining under-five child care in the long-term according to the IMCI new elements and approach.

As new batches of students enter public health service and are assigned to primary health care facilities, they contribute to expanding IMCI coverage in a country and partly addressing the issue of turnover of trained staff.

## **Preparing health systems**

It is critical that ministries of health prepare health systems to receive the new graduates, creating a supporting environment where they can effectively deliver quality child care according to what they have learnt in schools.

This is one of the reasons why if in-service training is already in place, this facilitates pre-service training efforts.

## **Not only paediatrics departments**

The involvement of departments of family and community medicine in IMCI pre-service training is also very important as it helps establish close links between teaching institutions and the community.

This is very relevant in this Region, as in many countries medical graduates are required to serve in rural areas before working with the ministry of health or registering with the medical council.

Saturday 17th of May 2025 11:47:55 AM