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Social Paediatrics: An integral part of the training for general practitioner in the Netherlands

Short postgraduate courses in social or community paediatrics started in the Netherlands in 1979. There was a need for such courses, because till then most child welfare physicians were women physicians who had no other practical experience with children than that with their own children. This was often the only guidance for their work at the well-baby clinics. In addition, nearly 10% of the child welfare doctors complete the officially recommended two year training in “adolescent health” which mainly focusses on health of school children. This is considered, however, an unrealistic approach for child welfare doctors at clinics for infants aged under 5 years.

After preliminary courses of 4–6 days in the Hague in 1978, the courses were extended to 10 days in 1979. In the same year, such a short course was also given at the Netherlands Institute of Preventive Health Care in Leiden where formal long courses were available. The success of the first round of short courses convinced other doctors responsible for the quality of child health in the Netherlands for the need for formal institutionalization of such short courses. Therefore, other courses were started at the universities in Nijmegen,

Groningen and Amsterdam as a part of the post academic medical education programmes (PAOG). The courses first taught in the Hague were transferred to the Erasmus University, Rotterdam from 1982 onwards.

The regional governmental health inspectors and the national and regional health organizations recognized the courses as obligatory for medical doctors at the well-baby clinics and clinics for under five-year old. As such, the courses occupy a permanent position in the post medical training in the Netherlands. The courses are not only directed at improving the quality of care, but are essential in providing the minimum of necessary child health care¹.

The curriculum

There is an agreement over the main topics of the curriculum in order to achieve the uniformity of the courses delivered at 5 different locations, namely Leiden, Rotterdam, Nymegen, Groningen and Amsterdam.

The course is divided into two parts: a theoretical part consisting of a total of 60 hours lectures given in ten days time. The main subjects of the topics of each course are

presented in Table 1. The theoretical part of the course is also focused on the practical aspects of the everyday work at child welfare clinics. Epidemiology for example is not included as the topic was beyond the scope of the course. In fact, it calls for a separate course. The curriculum at the Erasmus University is described in more details on a day to day basis in Table 2. The teaching method for lectures is “education by discussion”. After a short introduction on each subject, case reports are presented aiming to start a discussion on personal experiences. In addition to the ten days lecture course, the second part is an orientation on the practice of child health lasting at least 4 days. It has been arranged that course participants visit two well-baby clinics and two for under 5 year old in order to observe the practical work of doctors and nurses. In addition, it is also recommended to visit institutions such as day care centres, school health centres and centres for physical and/or mentally handicapped children.

In a short report on the orientation at the child health practice, theory and practice are linked. A certificate is issued after the report has been discussed with the staff at the child health centre.

- Basic anthropometric variables: growth and measurement of children up to 5 years
- Psychomotor development of children up to 5 years
- Development of sleeping patterns in children
- Parenteral attachment
- The main educational problems of parents (sleep, feeding)
- Development of vision, hearing and speech
- Early detection of developmental disorders
- Perinatal problems in relation to development
- Screening procedures for PKU/CHT*, hearing, vision
- The national immunization programme
- Child nutrition and nutritional disorders
- Recognition of clinical disorders (skin, circulatory, respiratory, intestinal, and skeleton systems)
- Specific problems of children of migrant parents
- Prevention of SIDS and the approach to parents with a SIDS*
- Principles of social pediatrics; child health versus clinical pediatrics and general medicine
- Registration in child health
- Organization of child health in the Netherlands
- Communication with other health professionals such as general practitioners and physicians at schools

* PKU = Phenylketonuria
 CHT = Congenital Hypothyroidia
 SIDS = Sudden Infant Death Syndrome

Table 1. Basic curriculum of social pediatrics, in ten-days courses (The Netherlands, 1979–1994).

The participants

The participants of the first 2–4 courses were mainly older women physicians who usually had 10–20 years experience in well-baby clinics and clinics for under 5 year old. They appreciated the systematic information on the content and the objectives of their duties.

From 1983 onwards, the composition of the participants changed in several aspects: the age distribution of participants was younger, with some of them coming straight from university without having any clinical experience, male doctors looking for employment in child health were also involved and GPs who wanted to work at well-baby clinics besides their general practice showed an interest to attend such courses.

Still, the majority of the participants is not straight from the university and have variable backgrounds. Some have a few years experience at a hospital but without the possibility for specialization, others have a job at training centres for nurses and are looking for an employment in child health and there are a few school-physician who want to obtain more information on the pre-school childhealth. More over, doctors who have returned from the tropical countries and want to be employed in their home country are participating in the courses.

The different background of the participants usually contributes to a lively discussion during the theoretical lectures. To stimulate the “education by discussions” method the course coordinators

agreed to limit the number of participators to a maximum of 25 per course. In the first ten years, nearly 1500 participants attended the five courses. The annual number of participants between 1979 and 1989 at each post-academic centre is given in Table 3².

Training for general practitioners and social pediatrics

The training for GPs in the Netherlands is slightly different at each University. The two year training started in 1988 and in 1994 it was extended to a three-year programme according to the rules of the European Union.

The two year training programme for GPs at the Erasmus University Rotterdam includes:

- Work under supervision at a general practice (8 months).
- Daily lectures on the history of general medicine, ethics and epidemiology (1 month).
- Hospital work (4 months).
- Work at a nursing home for the elderly (4 months).
- Lectures on the management of general practice, industrial medicine, social paediatrics and computers in general practice (1 month).
- Supervised work at a general practice (6 month).

In 1988, the GPs among the authors (BvdP, BP), who had attended the above mentioned social paediatric courses for child health workers and who were also involved in the training of GPs, suggested that the social paediatric course should be an integrated part of that training. They realized that in the routine general practice there is a close contact with social or community paediatrics. In October 1989 the first pilot course was attended by 12 GPs during the 18th month of

Day 1	M.	– Acquaintance of participants and main lecturers – Principles of child development
	A.	– Development of attachment
Day 2	M.	– Basic anthropometrics, measuring growth and interpretation of growth monitoring facts
	A.	– Development of social and sexual behaviour and hygiene
Day 3	M.	– Perinatal problems in relation to development – Early detection of developmental disorders
	A.	– Principles of social pediatrics, Organization of child health in the Netherlands
Day 4	M.	– Development of the sleeping patterns in children Risk and prevention of SIDS*
	A.	– Recognition of skeletal and muscle disorders
Day 5	M.	– Principles of normal child nutrition and the prevention of dental caries Nutritional disorders: diarrhoea and ORS**
	A.	– Nutritional disorders: vomiting, Cow milk allergy and constipation Nutrition in allochthone communities
Day 6	M.	– Development of speech and language Development of hearing Early detection of hearing disorders
	A.	– Recognition of congenital heart disease interpretation of heart murmurs
Day 7	M.	– The National immunization programme Scientific background information and principles of implementation
	A.	– The Regional computer registration of the National immunization programme The clinical picture of the by immunization disappeared diseases
Day 8	M.	– The National registration system of child health and child development Development of the visual system Early recognition of visual disorders
	A.	– Recognition of skin disorders
Day 9	M.	– The National screening programme PKU/CHT*** Recognition of exanthematous diseases
	A.	– Physical and sexual child abuse
Day 10	M.	– Educational problems and advices in child health
	A.	– Information about the practical part of the course Final evaluation

M = Morning session; A = afternoon session

* SIDS = Sudden Infant Death Syndrome

** ORS = Oral Rehydration Salts

*** PKU = Phenyl ketonuria

CHT = Congenital Hypothyroidia

Table 2. Day-to-day curriculum Social paediatric courses. Erasmus University, Rotterdam.

their 24 months training at the Department of General Practice of the Erasmus University, Rotterdam.

The evaluation of this course was predominantly positive. The participants realized the different approach that was adopted in their training as GPs. No longer focused on the treatment of an individual patient, but a guidance for the health of the children in an area with an early detection of deviations of growth and development of a particular child. In other words, the course was focussed on *child care* instead of *cure* of children. This was more than just preventive as opposed to curative work as was usually thought even by medical professionals. In fact, prevention and cure are interrelated and there is an interaction between them as mentioned by Stanfield³.

For almost all the participants, the course was an eye-opener with practical information on the child health services in the Netherlands that each GP comes in contact with.

The positive response was a stimulus to continue the courses in 1990. After three pilot courses, with predominantly positive evaluation, in August 1991 a report of the results, the programme (as presented in Table 2) and the recommendations for providing such courses was presented to the representative of the Minister of Health and to other Academic Centres involved in the training of GPs. The decision by the national board for the training of GPs to integrate the ten-day course on social paediatrics at all eight academic centres was officially made in 1 January 1993, but the program had already started in 1992. There was an agreement on the essential recommendations that the course should be provided in co-operation with paediatricians experienced in the field work of social paediatric fieldwork and not by GPs themselves^{4,5}.

	Amsterdam	Groningen	The Hague/ Rotterdam	Leiden	Nijmegen	Nederland
1979	–	–	16	38	–	54
1980	–	–	15	38	47*	100
1981	23	30*	20	22	18	113
1982	12	15	42*	22	29	120
1983	46*	15	24	23	29	137
1984	25	–	43*	19	28	115
1985	23	22	45*	23	28	141
1986	24	–	49*	23	28	124
1987	48*	22	49*	24	25	168
1988	48*	24	50*	24	53*	199
1989	48*	25	52*	24	29	178
1979–1989	297	153	405	280	314	1449

* = at two courses

Table 3. Ten days courses in social paediatrics, 1979–1989. Participants at the 5 post-academic centres.

The number of participants per course

In the Netherlands, GPs are trained in groups of 12. The members of such a group are already acquainted with each other for over one year and participation in the discussions during the sessions is easy.

At the end of 1994, a total of 16 courses were given at the Erasmus university. Although, the evaluation of the combined theoretical and practical part of the courses was predominantly positive, nearly all participants wanted to take the course earlier in the curriculum. This recommendation has been taken into account and it will be realized in the three year training programme. Time allocated for the practical part of the course was considered too short in the last 6 months of their two years training. From 1989–1994 a total of 766 participants followed the social paediatric courses during their training for GP at the 8 universities (Table 4).

Because of economical constraints, some University Departments, it

was attempted to combine two or even three groups. However, the results were poor. Participants did not feel free to communicate over their experiences in child care; they were blocked by other participants who they felt were strangers in their group. In addition, the participants in the two groups were not at the same stage of their training and had different experiences. From the organizational point of view, the combination of two or more groups was also more complex.

However, the combination of a group of 12 GP trainees with an equal number of future child health officers was undertaken at other Universities and seemed to have a positive effect. The two groups learned from each others disciplines and recognized their different way of co-operating in interdisciplinary discussions.

Advantages of social paediatric courses for GPs

The social paediatric courses in the Netherlands showed that the prac-

tical aspects of social paediatrics were certainly well taught in the postgraduate curriculum of the training of GPs. We wonder if this should be undertaken in the already over-loaded basic medical curriculum as discussed at an expert's meeting in 1992⁶. During their postgraduate training, the participants were really motivated and convinced that the social aspects of medicine is an essential part of their everyday work. Each course is also an example of how educational institutions can meet today's health care needs which call for medical education and research that is oriented to the community and everyday practice⁷.

Some advantages of the practically oriented courses of social paediatrics for the future GPs in their curriculum include: improvement of knowledge on growth and development of children and early detection of abnormalities, as well as bettering of the information of the function of child health services in the community. The courses enable GPs to communicate more effectively with child health workers in the child health services and

	1989	1990	1991	1992	1993	1994	Total
Rotterdam	12	36	36	36	36	36	192
Utrecht	–	–	–	36	48	24	108
Nijmegen	–	–	–	24	36	36	96
Maastricht	–	–	–	24*	24*	24	72
Amsterdam VU	–	–	–	–	36	36	72
Amsterdam UVA	–	–	–	–	30	29	59
Groningen	–	–	–	36	36	36	59
Leiden	–	–	–	–	30	29	108
Total	12	36	36	156	276	250	766

* = at Nijmegen University

Table 4. Number of G.P.-trainees that participated in the social paediatric courses in the Netherlands at 8 Universities (1989–1994).

allow them to work as child health officers at child welfare clinics. These newly attained suites are important even for GP's who will never work as child healthcare workers because they are always in contact with the local health services by referrals.

Final remarks

In conclusion, the National paediatric societies of the Netherlands and Germany realize that there is a lack of social paediatric aspects in the training of paediatricians in both countries^{8,9}. In the Nether-

lands, the ten-day short course on social paediatrics, already implemented in the training of GPs is also recommended for the training of paediatricians. A debate is currently going on how this expressed need will be materialized.

The positive effects of social paediatrics as an integral part of the training for GPs in the Netherlands presented in this paper as an example that may be interesting for other institutions responsible for provision of training for GPs in Europe as well as for in-service training of paediatricians in other countries.

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