Attitude of interns towards implementation and contribution of undergraduate Emergency Medicine training: Experience of an Ethiopian Medical School

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ABSTRACT

Introduction: Emergency Medicine is a specialty based on knowledge and skills required for the prevention, diagnosis and management of the acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders. Addis Ababa University School of Medicine started its Emergency Medicine Residency in 2010 and Emergency Medicine training for fourth-year medical students started in 2013. This study aims to assess attitudes of fifth year medical students towards Emergency Medicine training and its contribution to their final year of medical school training.

Methods: Two hundred fifth year medical students participated in the study by convenience sampling. Self-administered questionnaires and Likert scales were used for data collection. Descriptive frequencies and chi-square analysis were done for categorical data. Ethical oversight was provided by the Institutional Review Board of the Addis Ababa University College of Health Sciences.

Results: Of the 200 participants, 150 were male and 50 were female. 80% agreed its relevance for undergraduates. Relevance was significantly associated with recommendation to other medical schools (χ² = 8.34, Pr = 0.004). 72% of respondents agreed lectures are appropriate teaching methods, 70% agreed group activity, 68.5% skill sessions, 67.5% morning discussions, 64% diagnostic session, 60% duty exposures and 45% seminars. Difficulties faced during internship are primarily attributed to lack of facilities, ranging from the setup of the emergency centre to instruments and emergency drugs. 60% of respondents agreed that Emergency Medicine training is important to future careers. 65% agreed recommending training to other medical schools.

Conclusion: An Emergency Medicine rotation during the final year of medical school provides opportunities to learn about undifferentiated medical emergencies and it should be included for other medical schools in the country. Participants suggest that leadership aspects of Emergency Medicine need more emphasis as the curriculum is further developed in the future.

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African relevance

- The need for undergraduate teaching in Emergency Medicine has been well documented in the literature.
- Worldwide, there has been a push to integrate Emergency Medicine in the undergraduate curriculum.
- Undergraduate Emergency Medicine training should ideally start in the pre-clinical years.

Introduction

Emergency Medicine (EM) is a specialty focused on the knowledge and skills required for the prevention, diagnosis and management of the acute conditions [1]. The ability of students graduating from medical school to manage critically ill patients is one of the most important aspects of their curriculum as medical emergencies can occur at any place at any time and can cause an immense burden on the health system. In as much, there have been increased efforts to expose clinicians to this medical discipline [2,3]. As the specialty has matured and evolved in different regional locales and different health systems, there have been increased...
efforts to incorporate EM within the didactic and clinical curriculum during medical school training [3,4].

The specialty of Emergency Medicine remains markedly underdeveloped in many parts of the world, particularly in the continent of Africa [5]. In many African countries emergency care is not available for the majority of the population. The first formal Emergency Medicine systems were developed South Africa in the late 1990s mainly driven by the Trauma Society of South Africa (EMSSA) [6]. Similarly, in the post conflict nation of Liberia a collaborative project was designed and supported by a consortium of academic medical centres in the United States of America. These medical centres worked in conjunction with a local non-governmental organization (NGO), Health Education and Relief Through Teaching (HEARTT) to develop a nascent EM educational program. These two bodies brought cohorts of academic EM faculty and residents from ten institutions from the US. Since 2007, this collaboration has delivered Emergency Medical care and medical education services at the John F. Kennedy (JFK) Medical Centre which is the largest teaching hospital in Liberia and located in the capital, Monrovia. [7]. Over the course of last ten years, post-graduate educational programs have also been developed in Tanzania, Botswana, and post-conflict Rwanda [8–10]. Similarly, the African Federation for Emergency Medicine (AFEM) has recently been formed and has started working to expand Emergency Medicine’s footprint on the continent. In partnership with many national EM organisations, it has begun to develop many clinical, administrative, educational and oversight programs [11].

The modern undergraduate and graduate medical education programs in Ethiopia started in 1964 at Addis Ababa University School of Medicine. As these programs developed, training in emergency care was implemented by the individual medical disciplines (Internal Medicine, General Surgery, Paediatrics, etc.) rather than by a defined EM program [12]. In March 2009, Addis Ababa University engaged in a multi-disciplinary agreement with People 2 People, the University of Wisconsin, the American International Health Alliance and the University of Toronto to develop and implement an Emergency Medicine residency training program at Tikur Anbessa Hospital in Addis Ababa, Ethiopia [13]. At this same time, EM was also included as an elective within Addis Ababa University College of Health Sciences, School of Medicine. This seven week clinical and didactic program was successfully launched in the 2013 with 300 medical students, and included rotations in Adult EM, Paediatric EM, and Anaesthesiology. Primary teaching responsibilities were taken on by EM faculty, Paediatric EM faculty and EM residents within the Department of Emergency Medicine at Addis Ababa University.

The aim of this research study was to determine the attitude of fifth year medical students at Addis Ababa University towards the implementation of a novel Emergency Medicine elective within the medical school’s fourth year curriculum.

Methods

The study was conducted at the Addis Ababa University School of Medicine between March and August 2014. It involved supervised fifth year medical students who had done at least a two week rotation in the emergency centre at Tikur Anbessa Hospital in Addis Ababa, Ethiopia. After written consent forms were provided with the survey, 200 fifth year medical students that participated in the aforementioned Emergency Medicine training were included. Self-administered questionnaires were used for data collection. A nine-item survey (Appendix 1 – data supplement) was prepared (six questions of multi-point Likert scale and three open ended questions). 180 students completed the survey, a 90% response rate. Non-responders were students that were on a week vacation during the day of survey implementation. The investigator and four study representatives collected the data. The survey included specific questions about attitudes towards the didactic, clinical and administrative structure of the rotation and were collected on a multi-point Likert scale. In addition, there were additional open-ended questions ascertaining opinions about strengths and weaknesses of the curriculum. Approval was obtained from the Addis Ababa University College of Health Sciences Institutional Review Board (IRB) prior to the study. Data were analysed using STATA version 14 [14]. Descriptive statistics with frequencies were used for data collected using multi-point Likert scales. Chi-square analyses were done for categorical data and responses were summarised for open-ended questions.

Results

One hundred eighty fifth year medical students completed the survey (a 90% response rate); 145 were male and 45 were female. Responses to questions on relevance of the EM training in the fourth year medical school curriculum are included in Fig. 1. The
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