

AMERICAN ACADEMY OF PEDIATRICS

Committee on International Child Health

Report by The Latin-American Committee on Pediatric Residencies

Since 1970, the Committee on International Child Health of the American Academy of Pediatrics has supported COPREP, The Latin American Committee for Promotion of Residency Programs in Pediatrics. During the coming year, 1978-1979, the Academy will phase out its present level of economic support and the Latin American group will continue more independently. A report, educational in nature, is in order at this time.

BACKGROUND

During the 12th International Pediatric Congress in Mexico City in 1968, the American Academy of Pediatrics proposed discussions concerning the quality and content of pediatric residencies in Latin America. Two years later this was brought to fruition in Paipa, Colombia as the First Seminar on Education for Pediatric Residents under the sponsorship of the Committee on International Child Health (COICH) of the American Academy of Pediatrics with the support of the Johnson and Johnson Institute for Pediatric Service. This Seminar was organized by a Committee of District X of the Academy, under the leadership of Dr. Jorge Camacho Gamba, Chairman of that District, and with consultation by Dr. Nelson Ordway, Chairman of the COICH.

From this first seminar emerged COPREP, the Comité Latinoamericano para la Promoción de Programas de Residencia en Pediatría. This Committee has held a seminar on the training of pediatric residents every three years at the time of the Pan-American Congress of Pediatrics and elected committee membership at each seminar, one faculty member and one resident from each Latin-American district of the Academy plus a consultant from the previous committee for purposes of continuity. The Chairman of the Committee on International Child Health has served as consultant.

Since the initial Seminar, others have been held in Cordoba, Argentina, Sao Paulo, Brazil, and Aca-

pulco, Mexico in conjunction with the Pan-American Congress. The Committee has met at least annually. COPREP Chairmen have been Drs. Eduardo Marcondes of Brazil, the late Armando Franco Gomez of Mexico, and Carlos Gianantonio of Argentina. The present chairman is Dr. Ernesto Velit of Peru.

The major goal of COPREP is the improvement of residency training. In pursuit of this goal the following steps have been taken:

1. A survey was made of all residency programs in Latin America.
2. Recommendations and guidelines were developed, to be used to plan residency programs and to serve as standards by those organizations that accredit residencies. At present, Brazil fully utilizes these guidelines for program accreditation. Several Central American countries have adapted them for use. Peru and Colombia are in the process of doing so.
3. Programs concerning residencies have been presented at many continental, regional, and national pediatric meetings, reaching audiences of more than 3,000.
4. Members of COPREP have served as consultants to hospitals and medical schools.
5. COPREP residency guidelines have been published in pediatric journals in Colombia and Brazil.
6. In the Fall of 1978, COPREP published an eight-year report including recommended basic elements of a pediatric residency, guidelines for a model program, and the recommendations emanating from the seminars of 1970, 1972, and 1975.
7. The COPREP Seminars have brought together more than 200 pediatric teachers and 100 residents for in-depth discussions about education for child care.

Seminar discussion topics have included: basic standards to be maintained by a hospital in order to qualify for a residency, guidelines for the content of a residency program, community and social pedi-

atric content, evaluation of residents and residencies, participation of nonmedical professionals in residency education, the child health care team, and postresidency problems.

Peruvian COPREP members have developed a slide tape show entitled, "The Teaching of Pediatrics in the Community."

KEY COPREP RECOMMENDATIONS AND GUIDELINES

1. Residency Goals

- a. The resident should be prepared to meet the special health problems of his country or region.
- b. Residents should receive social, administrative, and public health training in order to assume a leadership role in community activities affecting child health.
- c. The resident should receive scientific training in order to be able to carry out research activities.
- d. The resident should be prepared to provide child care orientation to general practitioners, other health workers and school teachers as well as parents.
- e. The resident must be prepared to work as a member of a health care team, being able to supervise and delegate to paramedical personnel.

2. Organization and Structure of Programs

- a. Residents must be full-time.
- b. The program should provide sufficient hospitalized and ambulatory patients to require the services of at least four residents.
- c. Inpatient, newborn, and outpatient services must be available as well as outlying clinics with a defined area of responsibility for comprehensive patient care.
- d. The presence of a library is essential.
- e. A core of pediatricians dedicated to the spirit of the program must be present for teaching purposes. At least the Director of the service and Program Director should be full-time.

3. Methodology

- a. Fifty percent of the training should be in-hospital and 50% in ambulatory services, the latter assignment being in outlying health centers and clinics in rural and urban areas.
- b. Programs should be two years in length. Qualified centers may provide an additional year in a subspecialty.
- c. Residents should have the opportunity to teach more junior house officers, medical students, and other health personnel.

- d. Residents should be considered as service providers only to the extent necessary to meet the educational goals of the program.

4. Evaluation of Residents

At the end of each rotation, residents will have a:

- a. Subjective evaluation by the preceptor including responsibility, professional ethics, quality of work, and initiative.
- b. Objective evaluation, including written examinations, oral examinations and practical examinations.

Indeed, while viewing the Latin American pediatrician as a provider of primary care, COPREP conceives of him as mainly a consultant with the bulk of general primary child care being the task of general practitioners and nonphysician providers. In fact, at its 1978 meeting COPREP decided to move its focus somewhat to include not only pediatrician education but also the preparation of nonphysician personnel to provide primary pediatric care.

The members of COPREP acknowledge with gratitude the continuing generosity of the Johnson and Johnson Institute for Pediatric Service, without which the activities would have neither started nor continued to this point, and the support of the American Academy of Pediatrics through its Committee on International Child Health.

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REFERENCE

Informe del COPREP. Elementos Basicos de un Pro-
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cia en Pediatria. Seminarios sobre la Ensenanza de Pe-
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1978.

THE LIGHT OF DARKNESS

It would seem to me that man cannot live without mysteries. One could say, the great biologists worked in the very light of darkness. We have been deprived of this fertile night. The moon, to which as a child I used to look up on a clear night, really is no more; never again will it fill grove and glen with its soft and misty gleam. What will have to go next? I am afraid I shall be misunderstood when I say that through each of these great scientific-technological exploits the points of contact between humanity and reality are diminished irreversibly.

Somebody who had read (my) words said to me: "You seem to appreciate the natural sciences only as long as they are not successful. Darkness illuminated becomes light." I could only answer: "What is success in science? Illuminated darkness is not light. We find ourselves in the cavern of limitless possibilities. Take a flashlight with you, and you may find you are only in a lumber room. If I know what I shall find, I do not want to find it. Uncertainty is the salt of life." And he said: "When you say darkness, you mean obscurity." This I denied; but I do not think we achieved conciliation.

Submitted by Student

From Chargaff E: *Heraclitean Fire*. New York, Rockefeller University Press, 1978

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Pediatrics 1979;64;115

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OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

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