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Teaching basic pediatric intensive care course to pediatric residents and consultants

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Teaching Basic Pediatric Intensive Care Course to Pediatric Residents and Consultants

Pediatric Critical Care Medicine is a well-established discipline in developed and many developing countries, but in very early stages in Pakistan.[1] The provision of pediatric intensive care medicine is associated with high survival rates.[2] Many acutely ill conditions are potentially reversible, if recognized in the early stages and treated promptly. There is no need of high-cost intervention or therapies in all cases. The provision of basic intensive care services is, therefore, essential for life-saving.[3] In lieu of severe shortage of trained pediatric intensive care physicians and a relatively high mortality rate of children under five (87/1000 live births in 2015) in Pakistan, we designed a "Basic Pediatric Intensive Care Course" (BPICC) for pediatricians and pediatric residents (front-line physicians) who are actively involved in the care of acutely ill children. The goal of this course was to standardize the care of acutely ill children and bring intensive care reflexes outside the pediatric intensive care unit (PICU). BPICC is a two-full-day course with pre-test, post-test, and feedback form. The program consisted of didactic lectures [How to diagnose and how to treat] on common acute critical illnesses of children in the morning session along with a video on intensive care unit (ICU) procedures like central venous cannulation or endotracheal intubation each day followed by case simulation in small groups (3-5 participants/group) in the afternoon after lunch. We conducted 13 BPICC in four pediatric residency training hospitals in collaboration with Department of Continuing Medical Education of The Aga Khan University Hospital from July 2014 to December 2016. The aim of this course was to prepare the frontline pediatricians in the early recognition and prompt appropriate initial management of acutely ill or injured children to meet immediate short-term need.

Of total 456 participants, the median participants per course were 40 (20-56). Ninety-one percent were residents and the rest of them were consultants of pediatrics in these teaching hospitals. More than 30% gain was seen in post-test score. We prepared facilitators from these courses for future courses, increased the capacity of team from 3 to 25 over few years and few of them have chosen pediatric intensivist as a future career. The perceptions of most of the participants were knowledge enhancement, and gaining self-confidence on approaching a sick child. The availability of pediatric intensive care services is regarded as a reflection of quality of a country's pediatric medical care.[4] Focused educational intervention, like BPICC, may improve our basic pediatric intensive care services and ultimately improve survival of our children from acute, potentially-reversible illnesses.

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