



# LESSONS OF PREVENTIVE AND SOCIAL PAEDIATRICS AT THE FACULTY OF HEALTH AND SOCIAL STUDIES OF THE UNIVERSITY OF SOUTH BOHEMIA

*M. Velemínský<sup>1</sup>, L. Kukla<sup>1,2</sup>, R. Šembera<sup>3</sup>, D. Průchová<sup>4</sup>, J. Stejskalová<sup>1</sup>*

<sup>1</sup> University of South Bohemia in České Budějovice, Faculty of Health and Social Studies, Department of Clinical and Preclinical Branches

<sup>2</sup> Masaryk university, Faculty of Medicine, *Research Institution of Preventive and Social Paediatrics*

<sup>3</sup> University of South Bohemia in České Budějovice, Faculty of Health and Social Studies, Department of IT applications

<sup>4</sup> University of South Bohemia in České Budějovice, Faculty of Health and Social Studies, Institute of Health and Social Work

## **Abstract**

This article is about e-learning in Moodle program at the Faculty of Health and Social Studies in České Budějovice.

Key words: e-learning – preventive and social paediatrics - evaluation

## **Introduction**

The Faculty of Health and Social Studies in České Budějovice (ZSF JU) introduced e-learning in Moodle program in 2008. The first program processed was Preventive and social paediatrics. At present, 58 programs from different disciplines are prepared.

## **Aim**

The goal of the notification is to alert the workers of medical faculties dealing with this form of teaching to some specifics of use of e-learning at ZSF JU within Paediatrics, in form of support.



## Method and materials

Evaluation of the experience gathered up to now with this method of teaching at ZSF JU, based on three years of experience. We evaluate the basic program of Paediatrics with two parts, i.e. preventive paediatrics and social paediatrics. That base gave origin to subgroups like paediatrics for neonatology, etc.

Structure of supports to Paediatrics:

1. **References** – the references include basic literature sources for the student to draw upon. The references are completed by news from journals or new publications.
2. **Goal of lessons** – the introduction into the course concerns the technical part of the program.
3. **Contents of subject** – in our case, general, social and special paediatrics with accurate annotation of the chapters.
4. **Topics 1-53** - we describe Topic 1 for demonstration; that topic defines Paediatrics as discipline, further the goal and contents of paediatrics and key words. Further we describe Topic 53. CAN syndrome for demonstration.
5. **Tasks on the given topic** – the tasks are related to individual topics.
6. **Tests** – serve to practise the knowledge acquired by the study of topics.
7. **Discussion forum** – we describe, as example, some answers of 150 students on the topic When does life begin? Further topics of the discussion included substitutive uterus, solution of the issue of children with the lowest birth weight, etc.

### Ad. 1. Sources of literature

1/ Obecná pediatrie a speciální pediatrie: prof. MUDr. Miloš Velemínský, MUDr. Zdeňka Tomšíková a kol. - Vybrané kapitoly z pediatrie. prof. MUDr. Miloš Velemínský a kol. - Klinická propedeutika.

2/ Sociální pediatrie: doc. MUDr. Lubomír Kukla, CSc. - Úvod do sociální pediatrie.

As these are supports, all data included in these chapters must be supported by sources of literature listed in the recommended references.



#### Ad. 4 Topic 1 and 53

##### Topic: 1. Definition of paediatrics

**Paediatrics:** A discipline dealing with care for the health of sucklings, children and youth and with their development, for them to achieve full-blown adulthood. The name comes from the term “pais” – child, “iatreia” – treatment.

**Paediatrician:** The physician dealing with care for children is called paediatrician. The paediatrician's task is to care for correct physical, mental and emotional development with stress on social influences. The paediatrician cooperates with the children's nurse and particularly with a university worker with health and social education. Consequently,

##### **paediatrics has two components:**

- preventive
- therapeutic

Preventive paediatrics: is a sub-discipline of paediatrics as medical discipline. The other subdiscipline of paediatrics is social paediatrics. The methods of work of preventive paediatrics constitute (or should constitute) the base of all paediatric activity.

**Goal and contents** of preventive paediatrics consists in ensuring primary (vaccination), secondary and tertiary care.

**Orphanage:** The significance of health and social education in care for child results from the development of paediatrics. Paediatrics as such emerged within the solution of social issues of care for child. The first children hospitals were established in orphanages.

*The most important sub-disciplines of paediatrics for ZSF JU students are “preventive paediatrics” and “social paediatrics”.*

*Key words:* paediatrics – preventive paediatrics – social paediatrics - orphanage

##### Topic 53: “CAN syndrome”

CAN syndrome - Child Abuse and Neglect syndrome.

##### a) Introduction





Abuse, mistreatment and neglect of the child may be as old as the mankind. It was, is and, unfortunately, will be there for sure. In the past it was rather hidden, it was not allowed to speak too much about it; the population was rather led to believe that it did not exist. At present, it is spoken about much more; but some works exaggerate the frequency of that phenomenon in the population, in my opinion. We are aware that we can see only the top of the proverbial iceberg, that a lot of cases continue being a taboo or a secret pathology of the family. We consider the incidence as qualified estimate of 1-2% per year.

Only in the Fiftieths of last century, some physicians started pointedly dealing with the problem of serious injuries (multiple fractures, internal and external bleeding, lesions to internal organs and a number of other ones) that could not be explained by accidents. They called them **non-accident injuries**. In 1962, Kempe described the **syndrome of beaten child** and stirred up a campaign against child abuse (first in North America, later in the world). In our country, we started dealing with the issue only in 1970 – of course within paediatrics.

#### **b) Forms and displays of CAN syndrome**

**Neglect: Physical** – deliberate failure to care for the child, leading to the child's failure to thrive or even to death. **Psychic** – the well known deprivation syndrome in child age is in forefront – insufficient satisfaction of basic mental and social needs, abuse – physical – beating, kicking, strangling, burning, etc.... **Psychic and emotional** – leading to the child's fear, humiliation, scolding, insultation, etc.

- bullying is an example of both forms of abuse, more and more frequent at present.

- a fully specific problem consists in the “parents' fight for the child” in divorce or post-divorce proceedings

**Sexual abuse of the child** – is divided into the following forms: **Non-contact** – exhibitionism, voyeurism, fetishism, forcing to watch the adults' sexual intercourse, on TV, video, special cassettes (pornography, in fact) that can lead up to active activity of immature and unprepared children, in different forms – see below. **Contact** – groping, coitus in different forms including rape and incest. **Special forms of CAN** – like organized systematic abuse of children, ritual torture – e.g. by burning, carving of crosses into the children's skin on the back, chest, etc. **Münchhausen's syndrome by proxy** – it is a very interesting phenomenon for the physicians – because the parents think up reasons why



their child should undergo complicated examinations (including e.g. the need of biopsy of kidneys due to repeated findings in the child's urine, delivered from outside), trying to give reasons why the child cannot go to school because of "illness".

**Key words:** CAN syndrome – diagnostics – therapy – ways of intervention – secondary victimization – Münchhausen's syndrome by proxy - forms of displays of CAN syndrome

... for continuation of topic 53 see Moodle ZSF JU support ...

#### **Ad. 5 Tasks on given topic**

##### **Task to the topic of "Definition of paediatrics"**

Answer the following questions:

- 1) Definition of paediatrics – significance and substantiation of ZSF JU lessons.
- 2) Explain the concept of preventive paediatrics.
- 3) What is the main focus of paediatrics?

#### **Written task on CAN topic**

**Express shortly the most important theses from the document:**

*"Procedure of primary care physicians in case of suspicion of Child Abuse and Neglect (CAN syndrome)."*

#### **Ad. 5 Tests**

##### **Practise test to T1**

##### **Test preview**

- Question 1

Points: --/1 How many children do we include in newborn mortality:

1 child with weight of 360 g dies 2 hours after birth, 1 child with weight of 480 g dies 72 hours after birth,

1 child with weight of 750 g dies 1 hour after birth, 1 child with weight of 1450 g dies 87 hours after birth,

1 child with weight of 4200 g dies on 27<sup>th</sup> day after birth, 1 child with weight of 300 g dies in 2<sup>nd</sup> month after birth.

Choose one answer

a. 4, b. 5, c. 2, d. 3

- Question 2

Points: --/1

Significant bacteriuria in case of urinary tract infections is, when taking middle current of urine:

Choose one answer



- a. 10 to 5
- b. 10 to 3
- c. 10 to 4

## **Ad. 7 Discussion forum**

### **When does life begin?**

In my opinion, life begins by fusion of gametes. But in spite of that, I do not criticize women who decide, for any reason, to interrupt their pregnancy.

I agree with the opinion that life begins by fusion of two gametes, because that starts the reaction of meiosis. That initiates the whole process and it is not possible to reverse it. It can be only stopped.

### **Assessment of current level of teaching under use of e-learning for the discipline of Paediatrics**

Academic workers accept this method of work only with difficulties, because of challenging preparation and use of the programs. They often do not use the form of support and state e.g. whole learning texts in the tasks; then they complain that the students do not go to lectures, which in turn reduces their motivation to create the programs.

Students do not work systematically with the supports and declare very often not to have time to deal with e-learning. Low effort of combined students is particularly evident. In opinion of one of the authors of this article, they see the greatest contribution in the discussion part by now, because the students' initiative in lectures and seminars is very low, but the discussion forum shows that the students are interested in the issues.

## **Conclusion**

The experience with introduction of these lessons is positive, but it is necessary to increase the motivation of the academic community and the interest in this method of teaching.



## References

1. Velemínský M., Tomšíková Z. et al. Selected Topics in Pediatrics. (Vybrané kapitoly z pediatrie). 6<sup>th</sup> ed. České Budějovice: University of South Bohemia in Českých Budějovicích, 2009. 176 p.
2. Kukla L. Introduction to Social Paediatrics. (Úvod do sociální pediatrie) 1<sup>st</sup> ed. České Budějovice: University of South Bohemia in Českých Budějovicích, 2007. 44 p.
3. University of South Bohemia in České Budějovice, Faculty of Health and Social Studies [Online]. Available: <http://www.zsf.jcu.cz>