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## Teaching in medical

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Many international for expressed the views that integration of nutrition in Primary Health Care has the advantage of providing nutrition services to the most needy, who hitherto remained unserved and poorly served within the economic constraints of health budget of many developing countries. One of our professed goals of medical education is to produce medical graduate who are capable to support and provide primary health care, it is desirable to integrate with primary health care in our situation to provide the opportunity of delivering nutrition services to the most needy who remained unapproached so long.

According to health services status and subject to its resources available the following nutrition interventions are considered appropriate for integration with primary health care.

- \* Growth monitoring of children under five years
- \* Nutrition orientation
- \* Food supplementation
- \* Micronutrients supplementation.
- \* Treatment and rehabilitation of severe malnutrition.
- \* Actions to improve family food availability.
- \* Monitoring the growth of children is especially important because it :
  - \* Stimulates family awareness of the health and nutritional status of children.
  - \* Identified more accurately individuals at risk and facilitates targeting of the interventions.
  - \* Provides the opportunity and means of integrating health and nutrition services focussed on the same

child who is not growing adequately by coupling growth monitoring with refeeding during and after diarrhea, promotion of breast-feeding and appropriate weaning immunizations and food supplementation.

\* Established a common basis for coordinating service logistics and supplies

Serves as the foundation for a nutrition surveillance system that extends from family and community to regional and national levels, thus supplying information vital for informed policy making.

Use of a standard growth chart and of uniform anthropometric criteria is of utmost importance in the monitoring. The multiplication and use of different growth charts within the same country is both inconvenient and confusing and must be avoided. It is equally important that growth charts and adequate scale are made available in the community and in the health services. Growth charts should be kept by mothers and by local health centres. Overall, it is recognized that the growth chart serves as a practical and powerful educational tool for encouraging mothers to protect the health and nutrition of their children when adequate food has been made available.

The emphasis to promote awareness of the food and nutrition needs of the family is important. Demonstration education and counseling activities in nutrition education must cover the following.

- \* Support and promotion of breast feeding
- \* Promotion of appropriate infant feeding and weaning practices
- \* The nutritional needs of pregnant and lactating women
- \* Feeding of children during and after diarrhoeal episodes.

FOOD supplements should be considered part of preventing health care and should be given first to the families of preschool children whose growth does not follow a satisfactory pattern and to pregnant and lactating women at high risk of malnutrition. Community schemes stressing self-reliance for the production, processing and distribution of food supplements should be encouraged.

In the background of above mentioned information let me now discuss the present status of Nutrition Teaching in Medical Colleges.

### NUTRITION TEACHING IN MEDICAL COLLEGES

The undergraduate medical course runs for a period of five

## of nutrition education— II

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years followed by a one-year pre-registration internship-period which is mostly spent in institutional hospitals.

### PRE-CLINICAL PERIOD

About 20 hours of didactic lectures are delivered during the first 24 months of study (1st year and second year classes).

During these hours the following topics of nutrition are covered.

Concept of nutrition and health

General aspect of nutrition

Classification of food.

Dietetic requirements (in general and special circumstances) and balanced diet.

Composition of diet.

Basic knowledge of the physiology and biochemistry of carbohydrate, protein, fat, vitamins and minerals.

Nutritional Disorders with special emphasis on Protein Energy Malnutrition and Deficiency diseases due to lack of vitamin and minerals.

### ASSESSMENT

Out of 200 marks 53 marks are given for Biochemistry and nutrition during University Examination.

### CLINICAL PERIOD

In community Medicine about 20 hours are spent to cover the following areas under Food and Nutrition.

Importance of nutrition in

health and disease.

Nutritional requirement during growth period, pregnancy lactation and old age.

Nutritional disorders with special emphasis on their prevention. Food Hygiene and food-borne diseases with special emphasis on prevention of such diseases including their epidemiological features. Pasteurization of milk and milk products and epidemiology of milkborne disease.

### ASSESSMENT

Usually there are no fixed marks for nutrition chapter in theoretical examination of the University in the subject of Community Medicine. But during viva-voce and practical examination assessment is made on the nutritional component of the subject.

A total of about 20 hours is spent in the form of didactic lectures and bedside teaching on nutritional component of Paediatrics and General Medicine.

The following topics are covered :

Protein Energy Malnutrition

Nutritional Anaemia

Vit. A Deficiency

Inborn errors of Metabolism

Ricket and Osteomalacia

Scurvy, Pellegra, Beri-beri

Goitre, Caries

These topics are covered with emphasis on therapeutic approach.

### ASSESSMENT

No fixed marks for theoretical paper. But assessment is done during Oral, Clinical and Practical examinations on the subject of Medicine.

It may be mentioned here that there is no teaching or attachment of the students or the Internees in applied nutritional works or Nutrition Projects during the entire period of six years.

Thus it appears that the total time now developed to covering the areas of Nutritic educational as detailed above is extremely inadequate and does not justify the growing importance of the subject.

Besides, under present curriculum the following areas are not covered.

Nutritive values of food

Nutritional Demography of the community

Interaction of Health Nutrition Population

Clinical assessment of nutritional disorders in the community

Concept of field work in integrated Multisectoral Nutrition Education Project; Nutrition Survey as field practice work.

Analysis of the present situation of Nutrition Teaching in under graduate Medical Training shows many inadequacies in the teaching of this discipline.

To be continued