

POSTER PRESENTATIONS

PP 001

TITLE: Connecting with international medical students: understanding global health

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INTRODUCTION AND OBJECTIVES: Manchester medical Students are able to choose a 4week module on global health. As part of this (formal teaching), students speak to peers and health experts abroad via Skype connection and face to-face. The objective of these sessions is to enable students to find out about healthcare and medical education abroad.

METHODS: In 2014 Students looked at the healthcare of the country being skyped, and also considered the workings of the WHO. They spoke to students in Sri Lanka, a representative of WHO and a research medical officer in South Africa. They also had the opportunity to speak to a group of students from Egypt and Uganda in 2015.

RESULTS: Student evaluations with Sri Lanka were positive with both groups valuing the peer discussion; however, both groups felt didactic exchange of facts about the two countries was not the most valuable use of the link. When speaking to the students from Egypt, the emphasis was therefore shifted to look at differences in medical education programmes. Both sides found this both valuable and enjoyable. Later sessions with international experts benefitted from a combination of better preparatory work by the UK students and a more structured format. IN 2015 UK students rated the sessions with Gulu and Egypt highly with positive comments; allowed a good exchange of ideas and better understanding of different healthcare systems and the opportunity to interact informally.

CONCLUSIONS: The experience has demonstrated the value students set on opportunities to interact with peers and experts from other parts of the world.
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PP 002

TITLE: Factors associated with school refusal and outcome in Sri Lankan children

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INTRODUCTION AND OBJECTIVES: School refusal occurs in 1–5% of all school children and has major social, emotional and educational implications for the child . It can cause serious disruption of the child's wellbeing and associated with significant short- and long-term sequelae. Children with school refusal may suffer from significant emotional distress, especially anxiety and depression. The objectives were to study the clinical features, social, familial, and environmental and temperamental factors associated with children presenting with school refusal and the outcome of school refusal

METHOD: All children between 5 to 12 years of age, seen at child mental health clinic during January 2009 to July 2010 were included in the study. An interviewer administered semi-structured questionnaire used for collection of bio-data and features associated with school refusal.

RESULTS: 71 children aged 5 to 12 years (mean age 9.08 years) participated in the study. 59.2%(42) were male. Commonest associated features were Somatic complaints 98.6%(70), fearfulness 46.5%(33), anxiety 29.6%(21), difficulty in separation 28.2%(20). Commonest precipitants were difficulty with peers 25.4%(18), difficulty with teacher 18.3%(13), change of school 14.1%(10). 50.7%(36) had an "easily upset" temperament. 32.4%(23) of these children were temperamentally timid. Majority of the children 45.1%(32) did not carry a specific diagnosis while others had phobic anxiety disorder 16.9%(12), asperger syndrome 14.1%(10) and depression 11.3%(8). Learning disability was represented only in 1.4%(1). 84.5%(60) children were managed as out patients. 36.6%(26) required medication. 57.7 % (41) returned to school consistently and 22.5%(16) returned to school inconsistently.

CONCLUSIONS: Children with school refusal may suffer from significant emotional distress, especially anxiety and depression.

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