Strengthening Injury Prevention and Control in Medical and Nursing Education Programmes in the Countries of the South-East Asia Region

Report of an Intercountry Consultation
Manesar, Haryana, India, 5-7 May 2004

WHO Project No. ICP INJ 001

World Health Organization
Regional Office for South-East Asia
New Delhi
August 2004
# CONTENTS

## 1. INTRODUCTION

## 2. INAUGURAL SESSION

## 3. SUMMARY OF KEY PAPERS

## 4. GAPS REGARDING INJURY AND VIOLENCE PREVENTION IN MEDICAL AND NURSING EDUCATION

## 5. CORE AREAS FOR STRENGTHENING INJURY PREVENTION AND CONTROL IN MEDICAL AND NURSING EDUCATION

## 6. FRAMEWORK AND PLAN FOR FOLLOW-UP ACTIONS AT THE COUNTRY LEVEL

### 6.1 Bangladesh

### 6.2 India

### 6.3 Indonesia

### 6.4 Maldives

### 6.5 Myanmar

### 6.6 Nepal

### 6.7 Sri Lanka

### 6.8 Thailand

## 7. RECOMMENDATIONS

### 7.1 To WHO

### 7.2 To Countries

## Annexes

### 1. List of Participants

### 2. Programme
1. INTRODUCTION

An intercountry Consultation on Strengthening Injury Prevention and Control in Medical and Nursing Education Programmes in the countries of the South-East Asia Region was held in Manesar, Haryana, India, from 5-7 May 2004. The objectives of the consultation were:

(1) To review the components of “Injury Prevention and Control” in medical and nursing education curriculum in selected institutions in the countries of the South-East Asia Region;

(2) To identify gaps in teaching related to injury prevention and control in these educational programmes; and

(3) To develop a framework for incorporating injury prevention and control in medical and nursing education in the Region.

Twenty-seven participants from eight countries and five WHO officials (one from HQ, two from SEARO and two from country offices) attended the Consultation.

The list of participants and programme are at Annex 1 and 2 respectively.

2. INAUGURAL SESSION

Dr Madan P. Upadhyay, Regional Adviser, Disability, Injury Prevention and Rehabilitation, World Health Organization, South-East Asia Region, welcomed the participants and read out the message from the Regional Director.

In his message Dr Samlee drew participant’s attention to the emergence of injuries as a major public health problem in the South-East Asia Region where an estimated 1.5 million deaths are reported as a result of injuries. Road traffic injuries account for 6.2 million severe injuries. The current
epidemic of injuries, particularly road traffic injuries, is expected to increase by 144 per cent in the Region, by 2020. The consequences of violence on the health of the people is also being recognized as an important public health concern. An estimated 131 000 people died in India and other countries in Asia as a result of interpersonal violence in 2000. For every death, 50 to 100 victims of domestic violence, sexual assault and child abuse visit health institutions.

Dr Samlee referred to the qualitative and quantitative deficiencies in human resources for injury and violence prevention in the countries of the Region. He also mentioned that the Regional Office was supporting the training of professionals in the area of injury surveillance, epidemiology and road safety planning. Though useful, these efforts were inadequate to meet the increasing requirements. The Regional Director emphasized the need to formulate and implement a comprehensive plan for human resource development within the context of prevailing health system in the countries. He said that the consultation was the first in a series to develop and implement a comprehensive human resource policy. Medical and nursing personnel constituted the bulk of the frontline health workforce engaged in injury prevention and care. It was, therefore, essential to strengthen training in injury prevention and care in their educational programmes. The Regional Director hoped that the leaders of nursing and medical schools and councils as well as other experts would share their experiences and develop a framework for strengthening teaching of injury prevention in the medical and nursing schools. He urged the participants to initiate the process and implement the framework developed by them, initially in their respective institutions and later at other institutions.

Prof Bhupendra Kumar Jain, Dean, Faculty of Medical Sciences, University of Delhi and local host, welcomed the participants. He hoped that the consultation would catalyze effective strengthening of nursing and medical education in the right perspective.

Prof Dr Lok Bikram Thapa (Nepal) and Dr Orapan Thosingha (Thailand) were nominated as Chairperson and Vice-Chairperson, respectively. Dr Laksmi C. Somatunga (Sri Lanka) and Ms Aminath Faiz (Maldives) were nominated Rapporteurs.
3. SUMMARY OF KEY PAPERS

Dr Madan P. Upadhyay (WHO/SEARO) presented an overview of injury and violence prevention and developments in its prevention in SEA Region. In his presentation, Dr Upadhyay described the burden of injury in South-East Asia in terms of deaths and disability-adjusted life years. Injuries have been ranked fifth among the leading causes of death in the South-East Asia Region according to the 2001 estimates. It has been estimated that by 2020, road traffic accidents would rank second in terms of years of life lost, among the 10 leading causes worldwide. The economic cost of injuries in the South-East Asia Region is estimated to be US$ 18 billion. Dr Upadhyay referred to the epidemiological similarities between communicable diseases and injuries, and emphasized that injuries were both predictable and preventable. The conceptual framework based on the Haddon matrix allowed for interventions to prevent and control injury targeted at host, agent, and environment during various phases of the event. WHO had adopted a strategy involving advocacy, development of national policy, programme for reducing injury burden, and strengthening human resources and infrastructure, to meet the challenge presented by injury and violence. A wide spectrum of human resource, including doctors, nurses, paramedics, epidemiologists, engineers, police and law-enforcing personnel, behavioral scientists, media experts, economists – to list a few – were required to support the programme on injury prevention and care. As part of WHO’s global effort to strengthen human resources for health, training modules would be launched, under TEACH-VIP project, to strengthen injury prevention education globally. Initiative has been undertaken for strengthening human resources in the SEA Region through in-service training both in government and the private/NGO sector. Dr Upadhyay highlighted the need to strengthen the component of injury prevention and control in medical and nursing education. This consultation was an important step in this direction.

Prof Bhupendra Kumar Jain presented the findings of a survey recently conducted to assess the current status of teaching/learning on injury prevention and control (IPC) in the South-East Asia Region. Thirty-five medical schools and 26 nursing schools from 9 countries of the Region had provided information (see Box). About one fourth of the schools reported ongoing curriculum revision, another one fourth reported last revision more than five years ago; the remaining schools had revised the curriculum within the last two to five years.
Current status of teaching/learning on injury prevention and control in the South-East Asia Region

Seventy-five per cent of the schools assigned high priority to the IPC component, yet 40 per cent of the medical schools and 27 per cent of the nursing schools allocated no separate time for it. The time allocated by other schools varied widely.

Seventy-seven per cent of the medical schools and 42 per cent of the nursing schools covered one third or less of the 51 IPC-related topics listed in the questionnaire.

Sixty per cent of the medical schools and 81 per cent of the nursing schools reported immediate plans for introducing/strengthening the IPC component in their undergraduate curriculum.

The Medical/Nursing Councils, Medical/Nursing Education departments, and subject experts were identified as functionaries most likely to catalyze strengthening of the IPC component.

Strengthening of the IPC component was recommended in other professional courses.

Though about 75 per cent of the schools assigned high priority to the IPC component, yet 40 per cent of the medical schools and 27 per cent of the nursing schools reported no separate allocation of time for it. The time allocated by other schools showed wide variations: from 1 to 442 hours in case of medical schools and from 4 hours to 399 hours in the case of nursing schools. Seventy-seven per cent of the medical schools and 42 per cent of the nursing schools covered one third or less of the 51 IPC-related topics listed in the survey questionnaire. Surgery, Public Health, Forensic Medicine, General Medicine, Orthopaedics, Paediatrics, Emergency Medicine, Psychiatry and Gynaecology departments were reportedly involved, in order of decreasing frequency, in the teaching/learning process on IPC in the medical schools. In the case of nursing schools, the order was Public health, Paediatrics, Surgery, Emergency Medicine, Psychiatry, Orthopaedics, General Medicine and Forensic Medicine.
Lectures and practical exercises were the most commonly used teaching-learning methods, both in nursing and medical schools. Multiple-choice questions were the most commonly used assessment technique at both medical and nursing schools. Essay type questions were popular in medical schools, while case management exercises were the next preferred assessment technique in the case of nursing schools.

Respondents from all medical and nursing schools perceived the need for strengthening the IPC component as urgent and important. The reasons most frequently cited for this were: increasing incidence of injury/violence/road traffic accidents on the one hand, and inadequate stress on the subject in the curriculum, on the other. Sixty per cent of the medical schools and 81 per cent of the nursing schools reported immediate plans for introducing/strengthening the IPC component in their undergraduate curriculum.

The majority of the respondents identified the Medical/Nursing Councils, Medical/Nursing Education departments, and subject experts as the functionaries most likely to catalyze strengthening of the IPC component. Strengthening of the IPC component was also recommended in other professional courses: for example, courses for social workers, health workers, school teachers, physiotherapists, psychiatrists/psychologists, drivers, law practitioners, engineers, administrators, media professionals, forensic experts.

Dr Luis Jorge Perez (WHO/SEARO), in his presentation highlighted the concept underlying the promotion of disaster preparedness education in the Americas. Strengthening institutions, human resources development, and special projects—hospital mitigation, internet, Regional Disaster Information Centre—were the major components of the Programme. Workshops/Short courses are conducted to train approximately 5,000 persons every year in areas such as emergency health management, hospital preparedness and mitigation, environmental health management, supplies management, mass media and public information, and community preparedness. Disaster management was introduced in the pre- and post-graduate curriculum in the faculties of medicine, nursing schools and public health schools. WHO Disaster Preparedness Collaborating Centres have been established in Brazil, Colombia, USA and Chile. The Regional Disaster Information Centre was equipped to provide documents on disaster-related topics including material in Spanish, and database/bibliography on internet and CD-ROM. The Multi-
user System for Training Emergency Response (MUSTER) was used for human resource development. The training resulted in action for disaster mitigation in hospitals. Dr Perez emphasized that training has great impact on the way professionals manage disasters by citing examples of a few major disasters and their management. He said that the concept utilized for promoting disaster preparedness education in Americas could help in developing a framework in curriculum and course development for violence and injury prevention in the Regional Office.

Dr David Meddings (WHO/HQ), in his presentation on Global overview of Injury and violence prevention and Programme on Training, Education, Advancing Collaboration in Health on Violence and Injury Prevention (TEACH-VIP) highlighted data showing the magnitude of mortality and disability caused by injury and violence worldwide. Globally, more than 5 million people die from injuries. Many more people survive their injuries and live with permanent disabilities. Dr Meddings underlined the importance of epidemiological studies which have been helpful in focusing attention on specific problems and in finding solutions thereto: for example, in the case of injuries from land mines. He emphasized on a multi-disciplinary approach as effective preventive strategies have often come from sectors other than health such as in the case of road traffic injuries. To date, most of the injury prevention efforts have been concentrated in a few countries. There is an urgent need to increase globally the awareness of the problem and to change fundamental perceptions about injury and violence. Training people and institutions is the central element of capacity building in injury prevention and safety promotion. The development of TEACH-VIP curriculum for schools of public health is a major initiative taken by WHO in this direction. The training programme will be delivered through a modular structure with one basic introductory core course (21 hours) and 13 more specialized elective modules (39 hours). The course was expected to provide core competencies and evidence-based knowledge that would enable students to contribute to the application, development and sustainability of injury prevention, control and safety promotion knowledge in their countries.

4. GAPS REGARDING INJURY AND VIOLENCE PREVENTION IN MEDICAL AND NURSING EDUCATION
Discussions were held in two groups – medical and nursing – to identify gaps in medical and nursing education regarding injury and violence prevention (IPC). Both the groups agreed that there are gaps in medical and nursing education regarding IPC. After a review of the study findings and the outcome of the group discussion, participants agreed that the existing curriculum needs strengthening in the following areas:

- Basic concepts of IPC: epidemiology, injury surveillance and surveys, data system for injuries—magnitude, scope, characteristics, and consequences, causation/mechanism of injuries, application of Haddon matrix in understanding factors influencing incidence and consequences of injuries, principals of prevention, importance of collaboration, team work, and public health approach to injuries.
- Understanding the role of society, legislature, government, and professions in risk reduction.
- Preventive aspects and rehabilitation for various types of injuries and violence.
- Scope of injury prevention to include child/elder abuse, youth and gender-based violence, work injuries.
- Competency in pre-hospital care.

The groups highlighted paucity of resource material on strategies for IPC and their effectiveness, and the need for the training of trainers. The group recommended that students should be assessed in respect of competencies related to IPC. The nursing group expressed concern regarding optimal utilization of the expertise of graduate nurses.

5. **CORE AREAS FOR STRENGTHENING INJURY PREVENTION AND CONTROL IN MEDICAL AND NURSING EDUCATION**

The two groups deliberated intensively to identify the core areas for incorporation in medical and nursing education with a view to strengthening injury prevention and control in medical and nursing education. Each group presented its findings at a plenary session. After detailed deliberations consensus was arrived at to include the following core areas:
- Role of health professional in injury prevention and control.
- Epidemiological aspect of injuries: magnitude, pattern of injuries and impact.
- Data collection mechanism, injury surveillance systems.
- Causation/mechanism.
- Injury classification system.
- Principles of prevention, Haddon matrix.
- Public health approach in injury prevention.
- Application of injury prevention and control in the following areas:
  - Road crash injury.
  - Other injuries: falls, burns, electrocution and lightning, animal bites.
  - Intentional injuries (stab, firearm, blast).
  - Drowning, diving injuries.
  - Suicide, self-inflicted harm.
  - Child/elder abuse.
  - Youth violence.
  - Sexual violence.
  - Work-related injury.
  - Collective violence.
  - Disaster prevention.
  - Poisoning.
- Injury care including pre-hospital care, emergency and acute care.
- Rehabilitation (physical, psychosocial).
- Intersectoral cooperation.
- Monitoring and evaluation.
- Advocacy.
- Acquisition of interpersonal and problem-solving skills.

All participants agreed unanimously that a training guide for teachers and teaching modules for nursing and medical students need to be developed based on the suggested core areas, as a priority.
6. FRAMEWORK AND PLAN FOR FOLLOW-UP ACTIONS AT THE COUNTRY LEVEL

6.1 Bangladesh
(1) Orientation seminar on teaching injury prevention and control involving the target group.
(2) Consultation meeting with teachers of medical colleges and nursing institutions to strengthen the IPC component.
(3) Preparation of instructional materials.
(4) Training of teachers on teaching injury prevention and control.

6.2 India
(1) Strengthening of the IPC component in the medical and nursing curriculum by the Indian Nursing Council and the Medical Council of India respectively.
(2) Preparation of modules for the training of trainers and reorientation of trainers.
(3) Implementation of the revised curriculum by schools/colleges.

6.3 Indonesia
(1) Socialization of injury prevention and control (May-June 2004).
(2) Identification of gaps/problems (June-July 2004).
(3) Workshop to finalize modifications to the existing curriculum (July-September 2004).
(4) Curriculum revision (September-December 2004).
(5) Preparation of teaching modules for medical and nursing students.
(6) Implementation of revised curriculum by the schools/colleges.
(7) Evaluation of the programme.
6.4 Maldives

(1) Present overview of the problem to create awareness about the extent of the problem globally, regionally, and locally (2004).
(2) Constitute a working group to identify a focal point and formulate an action plan (2004).
(3) Strengthening of the IPC component in the curriculum (2004).
(4) Ensure that the IPC component is strengthened in other professional courses (2005).
(6) Injury prevention and control to become part of conduct and evaluation of service of health care workers (2005).
(7) Information on injuries to be collected from all service areas to establish an up-to-date data source (2005).

6.5 Myanmar

(1) Seminars and workshops to be conducted to sensitize the faculty.
(2) Constitution of a committee for strengthening teaching/learning of injury prevention and control.
(3) Development of teaching modules and training of trainers.
(4) Implementation from November 2004, followed by monitoring and evaluation of the programme. Revision and modification of the programme would be done according to the feedback.

6.6 Nepal

(1) Sharing information and sensitizing stakeholders to the issue of strengthening injury prevention and control education.
(2) Incorporation of injury and violence prevention in national policy to accord it due priority.
(3) Establishing national resource and research on injury and violence prevention along with surveillance system.
(4) Development of a framework for strengthening of the IPC component in undergraduate medical and nursing education in the country by holding consultative meetings.
(5) Developing inter-disciplinary approach to injury and violence prevention.
6.7 Sri Lanka
(1) Establishment of a sub-committee for education on injury prevention and control (July-September 2004).
(2) Review of the existing teaching/learning modules on injury prevention and control (October 2004 – March 2005).
(3) Workshop to finalize modifications to the existing curriculum (April-June 2004).
(4) Pretesting of the revised/modified modules on injury prevention and control (July-December 2005).
(5) Evaluation of the modified modules-feedback from students and trainers (January-June 2006).
(6) Advocacy on injury prevention and control with emphasis on education for relevant agencies/organizations/ministries other than the health sector (July-December 2006).

6.8 Thailand
(1) Setting up working groups consisting of educational administrators and teachers, for strengthening injury prevention and control in medical and nursing education.
(2) Enlisting the support of councils, ministry, schools and professional associations in implementing the programme.
(3) Strengthening of teaching and learning resources: teachers, learning material and practice setting.

7. RECOMMENDATIONS

7.1 To WHO
(1) WHO should advocate strengthening of the component on injury prevention and control in the medical and nursing curriculum to the governments, decision-makers, academic administrators, and teachers in the Member states.
(2) Teaching/training modules on injury prevention and control for students and teachers should be developed for undergraduate medical and nursing education programmes.
(3) The updated information resources should be readily available to users.
(4) WHO should support Member states in conducting ongoing research on injury prevention and control and in sharing the information.

(5) WHO should facilitate the training medical and nursing teachers for imparting education on injury prevention and control in the countries by providing technical and financial support.

7.2 To Countries

(1) Medical and nursing councils should make regulations to include the IPC component in the undergraduate medical and nursing curriculum.

(2) Governments should provide necessary support, in terms of policies and resources, for strengthening the IPC component in the undergraduate medical and nursing curriculum.

(3) A national plan for training medical and nursing teachers for imparting education on injury prevention and control should be developed and implemented.

(4) A national steering committee on medical/nursing education for injury prevention and control should be constituted.
Annex 1

LIST OF PARTICIPANTS

Bangladesh
Ms Sufia Begum
Assistant Director
Directorate of Nursing Services
Ispahani Building, Motijheel Commercial Area
Dhaka
Email: divnur@bangla.net

Dr Md. Abdur Rahman Khan
Director, Planning and Research
Directorate General of Health Services
Mohakhali, Dhaka, Bangladesh

Prof Fatema Parveen Chowdhury
Director
Centre for Medical Education
IPH Building, Mohkhali
Dhaka
Email: cmedhaka@yahoo.com

India
Mrs Jayarani Premkumar
Deputy Dean and Professor in Nursing
College of Nursing
Christian Medical College and Hospital
Ida Scudder Road
Vellore - 632 004
Tamil Nadu
Email: j_premkumar@msn.com

Prof Gopala Krishna Gururaj
Professor & Head
Department of Epidemiology
WHO Collaborating Centre for Injury Prevention & Safety Promotion
National Institute of Mental Health and Neuro Sciences
Bangalore
Email: guru@nimhans.kar.nic.in

Dr Mathew Varghese
Director
St. Stephen’s Hospital, Tis Hazari
Delhi
Email: ssr@vsnl.com

Prof Bhupendra Kumar Jain
Dean, Faculty of Medical Sciences
University of Delhi
Professor and Head
Department of Surgery
GTB Hospital and University College of Medical Sciences
Delhi
Email: bhupendrkjain@hotmail.com

Mrs Shashi Kiran Chugh
Secretary
Indian Nursing Council
Combined Council Building, Kotla Road
New Delhi - 110002
Email: secyinc@yahoo.com

Indonesia
Ms Tien Gartinah, MN
Senior Faculty Member
University of Indonesia, Salemba Raya 4
Jakarta - 10430
Email: usodok@who.or.id

Prof Idrus Andi Paturusi
Dean, Faculty of Medicine
University of Hasanuddin
Makkasar
Email: usodok@who.or.id

Dr Surjadi Soedarmo
Office Emergency Unit
Academy Hospital, Faculty of Medicine
Christian University of Indonesia
Jl. May, Jen Sutoyo, Cawang
Jakarta Timur
Email: ssoedarmo@yahoo.com
Maldives
Dr Aminath Faiz
Dean, Faculty of Health Sciences
Maldives College of Higher Education
Male
Email: a.faiz.01@mche.edu.mv

Myanmar
Prof Mehm Tha Shein
Professor of Nursing
(Adult Health Nursing)
Institute of Nursing
Yangon, Myanmar
Dr Hla Hla Aye
Director (Training)
Department of Medical Sciences
Yangon
Email: angela.whomm@undp.org

Nepal
Prof Ramesh Kant Adhikari
Dean, Institute of Medicine
Tribhuvan University
Maharajganj, Kathmandu
Email: iomdean@heathnet.org.np
Ms Sarala Shrestha
Campus Chief
Nursing Campus, Maharajganj
Institute of Medicine
Kathmandu
Email: nsngcampus@wlink.com.np
Dr L B Thapa
Vice Chancellor
B P Koirala Institute of Health Sciences
Dharan
Email: bpkhis@bpkhis.edu

Dr Uma Das
Chairperson
Nepal Nursing Council
Kathmandu
Email: vedvyas_kshetri@hotmail.com
Dr P C D Karmacharya
Chairperson
Nepal Medical Council
Kathmandu
Email: shresthakB@who.org.np

Sri Lanka
Prof Geri Jayasekara
Professor & Head
Department of Surgery
Faculty of Medicine
Colombo
Email: geri@visual.lk
Dr (Ms.) Laksmi Somatunga
Director
Non-communicable Disease
Department of Health Services
Colombo
Email: dncd@health.gov.lk
Mrs Malini Ranasinghe
Principal
School of Nursing
Colombo
Email: u_495@hotmail.com

Thailand
Dr Withya Chadbunchachai
Trauma and Critical Care Centre
Khon Kaen Regional Hospital
Khon Kaen – 40000
Email: buncha@healht2.moph.go.th
Dr Orapan Thosingha
Assistant Professor of Nursing
Faculty of Nursing, Mahidol University
2, Prannok Street, Siriraj Province
Bangkok-noi, Bangkok 10700
Email: nsots@mahidol.ac.th
Dr Adisak Pitponkampim  
Department of Paediatrics  
Child Safety Promotion and Injury Prevention  
Faculty of Medicine at Ramathibodi Hospital  
Mahidol University, Rama 6 Road, Ratchathewi  
Bangkok – 10400  
Email: raapp@mahidol.ac.th

Dr Yothi Tongpenyai  
Director, Medical Education Center  
Maharat Nakhoon Ratchasima Hospital  
School of Medicine  
Nakhon Ratchasima – 30000  
Email: yothit@yahoo.com

WHO

Dr D. Meddings  
Department of Injury Violence and Prevention  
WHO Headquarters  
Geneva  
Email: meddingsd@who.int

Dr Madan P. Upadhyay  
Regional Adviser  
Disability, Injury Prevention and Rehabilitation  
WHO, Regional Office for South-East Asia  
New Delhi  
Email: upadhyam@whosea.org

Dr Duangvadee Sungkhobol  
Regional Adviser for Nursing and Midwifery  
WHO, Regional Office for South-East Asia  
New Delhi  
Email: SUNGKHOBOLD@whosea.org

Dr M. Muzaherul Huq  
Medical Officer, HRH  
WHO, Kathmandu  
Email: muzaherul@hotmail.com

Ms Irmelin Rose Johnson  
WHO Nurse Administrator  
Dhaka, Bangladesh  
Email: johnsoni@whoban.org
Annex 2

PROGRAMME

Wednesday, 5 May 2004

0830 – 0900 hrs. Registration
0900 – 0945 hrs. Inaugural Session
- Welcome address and message from Dr Samlee Plianbanchang, Regional Director, World Health Organization, South-East Asia Region (read out by Dr Madan P. Upadhyay)
- Welcome address by Dr B.K. Jain, Dean, Faculty of Medical Sciences, University of Delhi
- Introduction of participants
- Nomination of Chair, Co-chair and Rapporteur
- Adoption of the Agenda

0945 – 1015 hrs. An overview of injury and violence prevention and developments in prevention thereof in SEAR – Dr Madan P Upadhyay

1015 – 1045 hrs. Review of current teaching/learning on injury prevention in nursing and medical education in the South-East Asia Region and consolidated overview – Dr B.K. Jain

1115 – 1300 hrs. Plenary discussion and inputs from the participants on the review of current teaching and learning

1400 – 1430 hrs. Global overview of injury and violence prevention and programme on training, education advancing collaboration in health on violence and injury prevention (TEACH-VIP) – Dr David Meddings, VIP, WHO/HQ

1430 – 1450 hrs. Development of curriculum on injuries and violence prevention – an experience from American Region – Dr Luis Jorge Perez

1450 – 1630 hrs. Review of gaps regarding injury and violence prevention in nursing education – Group discussion facilitated – Dr Duangvadee Sungkhobol
Review of gaps regarding injury and violence prevention in medical education – Group discussion facilitated – Prof R. Adhikari/Prof M.M. Huq
1630 – 1730 hrs. Plenary discussion and group presentation on existing gaps on injury/violence prevention in
- Medical education
- Nursing education

**Thursday, 6 May 2004**

0900 – 1100 hrs. Identification of core areas and content, and framework for strengthening injury and violence prevention in
- Medical education
- Nursing education
  (Group work)

1115 – 1230 hrs. Plenary discussion on core areas of teaching and learning

1330 – 1545 hrs. Proposed content, subject areas and teaching/learning strategies on injury and violence prevention in
- Medical education
- Nursing education

1615 – 1730 hrs. Proposed outline of training module and curriculum in
- Medical education
- Nursing education

**Friday, 7 May 2004**

0900 – 0945 hrs. Implementation of teaching/learning strategies including medical and nursing education linkages (Group Work)

0945 – 1030 hrs. Plenary presentation

1045 – 1300 hrs. Country plan for implementation of injury and violence prevention in medical and nursing education – country group work
  Presentation and discussion of country plan

1400 hrs. onwards Closing session