

**“This prospectus is made under the provisions of the Universities Act, the Postgraduate Institute of Medicine Ordinance, and the General By-Laws No. 1 of 2016 and By-Laws No. 2 of 2016 for Degree of Doctor of Medicine(MD) and Board Certification as a Specialist”**

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**POSTGRADUATE INSTITUTE OF MEDICINE**

**UNIVERSITY OF COLOMBO**

**SRI LANKA**

# **PROSPECTUS**

**SPECIALTY TRAINING**

**AND**

**BOARD CERTIFICATION**

**IN**

**PAEDIATRIC ENDOCRINOLOGY**

**2014**

**The Board of Study in Paediatrics**

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## **1. Background and Justification/Introduction**

The endocrine system plays a major role in the growth and development of a child. Endocrine disorders with long lasting effects on the physical, psychological and intellectual development such as congenital hypothyroidism and disorders of sex development present very early in life and continue through to adulthood. Meticulous attention to details is imperative in managing children with endocrine disorders as the outcome is excellent if the initial assessment and management is properly carried out.

Although the incidence of these conditions in Sri Lankan children is not known, these problems exist throughout the country.

Growth and development is peculiar to children, and as deranged hormone secretion as well as the medications used, affect both these aspects, children with endocrine disorders should be managed by Paediatricians specialized in endocrinology.

## **2. Eligibility for entry into training programme**

Applicants should have passed the MD Paediatric Examination.

The candidates should not be already Board Certified in any other medical field and should not be enrolled in a training programme in any other subspecialty.

## **3. Selection process for training programme**

The candidates will be selected on the merit based ranking results of the Final MD (Paediatrics) Examination. The positions available will be offered to the candidates by the BOSP(Board of Study in Paediatrics) based on the recommendations made by the Ministry of Health. The candidates, on the basis of the order of merit, would make the appropriate selection for training in Paediatric Endocrinology.

## **4. Number to be selected for training**

The number of candidates will be decided by the Ministry of Health each year.  
Refer General Paediatric prospectus for selection criteria for subspecialties.

Once the selection is made, the candidate would come under the general purview of the Special Committee of the BOSP that deals with Paediatric Endocrinology. Each candidate would be allocated to a mentor appointed by the BOSP. He/she would guide the trainee throughout the training programme.

## 5. Outcomes & Learning objectives

### 5.1 Outcome

It is envisaged that at the end of the training period the trainee would be a fully-fledged Paediatric Endocrinologist who would serve the children with endocrine problems with competence, compassion and care and would develop the endocrine services in Sri Lanka to be on par with centres of excellence elsewhere in the world.

### 5.2 Learning objectives

Learning objectives and level of competences to be achieved are considered under “**core knowledge and skills to be developed**”.

The detailed curriculum is in *Annex 1*

## 6. Structure of the Training Programme

### 6.1 Duration of training

The selected trainee/s will enter a minimum mandatory duration of 36 months of supervised and prospectively approved training in Paediatric Endocrinology.

This includes

- Local training - 2 years
- Overseas training - minimum 1 year

### 6.2 Clinical Training Programme (Local Training)

Training Component	Duration
<b>Lady Ridgeway Hospital (LRH)</b>	18 months
<b>National Hospital of Sri Lanka(NHSL)</b>	2 months
<b>De Soyza Maternity Hospital (DMH)</b>	2 Months
<b>Teaching Hospital Karapitiya, Galle</b>	1 month
<b>Cancer Institute Maharagama(CIM)</b>	1 month

**Order of rotation within the training programme could be decided by the trainee.**

### **Lady Ridgeway Hospital (LRH)**

- Be responsible for endocrine patients in the accredited training centre(s) at LRH.\*
- Attends to referrals from surgical/medical wards with the Consultant.
- Be involved in the management of patients in the endocrine, diabetes, and obesity clinics.
- Be responsible for organization of investigations and to have discussions with the Chemical Pathologist when indicated.
- Be involved in the radiological/imaging investigations of the patients and discuss with the Consultant Radiologist.
- Attend to relevant surgical clinics.
- Be involved in pre and post-operative ward rounds in endocrine related surgeries.
- Liaise with Genetics Department when indicated.
- Follow up of patients with Endocrine complications at CIM.

### **National Hospital of Sri Lanka (NHSL)**

#### **To be trained under an adult Consultant Endocrinologist**

- Daily morning ward rounds
- Out Patient Clinics
- Dynamic tests in wards– once a week
- Pre and post-operative ward rounds in neurosurgical wards.
- Participation in neuro-radiology meetings.

### **De Soyza Maternity Hospital (DMH)**

#### **To be trained in the professorial unit**

Expect to learn adolescent gynaecological problems related to endocrine disorders by involved in

- Out patient clinics
- Ward rounds in Professorial Obstetrics and Gynaecology unit

### **At Teaching Hospital Karapitiya (THK)**

- Exposure to bone densitometry
- Exposure to ELISA laboratory techniques at Nuclear Medicine Unit

## **Cancer Hospital Maharagama**

Expect to be familiarized with acute and late endocrine effects of cancer therapy by participating in

- Out patients clinics
- Ward rounds

## **Journal clubs/Case presentations**

- Presentations at Journal clubs with adult endocrine trainees.
- Active participation at Endocrine Society meetings held monthly.

The above training units and rotations may be changed by the BOSP, Board of Management and Senate, depending on the availability of trainers and training units, with adequate notice to the trainees and trainers.

### **6.3 Clinical Training Programme (Overseas Training)**

One year at a centre of excellence approved by the BOSP.

The main objective of this training is to secure hands-on-experience in Paediatric Endocrinology in a developed health care setting, acquire new skills and technological experience, and to fine-tune the training achieved during local training. During this period the trainee is expected to master all aspects of Paediatric Endocrinology with the intension of applying the knowledge and skills learned to the local setting in the most suitable manner on his/her return to Sri Lanka.

### **6.4 Research Project**

Successful performance and presentation of a **second research project**, directly relevant to paediatric endocrinology is a **mandatory requirement** to be eligible for the PBCA, in addition to the research project that may have been carried out during the general paediatric training.

The candidate should be directly involved in and be personally responsible for every component of the research project. If any component has not had the candidate's input the project will be disqualified.

The study proposal must be *assessed and approved by the BOS before embarking on the proposed study.*

The trainee should preferably commence on the research project during the first year of local training and should complete by the second year of training. It should be submitted as a completed research report along with a soft copy **and** evidence of publication or oral/poster presentation to be assessed and approved by the BOS.

The publication should be a first author publication in a journal and the oral/poster presentation should be first author in a scientific meeting, local or overseas, approved by the BOSP.

**The trainee has to provide documentary proof of oral/poster presentation and/or publication of the research project to the BOSP. The documentation includes signed letters from the Scientific Congress and/or from the Editorial Board of the journal concerned.**

**Please refer to the General Paediatrics Prospectus for the following**

1. Format for submission of the research proposal
2. Assessment of project report by 02 reviewers
3. Scientific meetings for presentation and journals for publication of research

*For further details refer the General Paediatrics Prospectus*

### **6.5 Case record book**

The trainee is expected to write up ten case histories related to paediatric endocrinology in detail including the discussion.

## **7. Training content and curriculum**

The detailed curriculum is in *Annex 1*

## **8. Learning Activities and Learner Support Systems**

Learning will take place in a variety of settings with a range of approaches:

Acute settings

Ward rounds

Multi-disciplinary meetings

Audits and research

E-learning

Seminars

Lectures  
External training courses  
Reflective practice  
Self-directed learning

Most events in the workplace will contribute to the learning process. Trainees are encouraged to utilize all these opportunities as well as managing their study leave to work towards completing their personal development plan.

## 9. Trainers and Training Units

Teaching will be done by trainers approved by the BOSP and resources such as wards, clinics, intensive care units, special care baby units, skills laboratories, information technology facilities, libraries and any other resources deemed necessary by the BOSP will be used as learning methods and tools. Regular case discussions, Journal Clubs and audit meetings will be held.

The current panel of Board Approved Trainers who are Board Certified Consultant Paediatricians with special interest in Endocrinology or Board certified Endocrinologists who are employed in the Ministry of Health or the Universities would carry out the training locally. Foreign training would be carried out by recognized consultants in centers of excellence.

## 10. Monitoring of progress

### 10.1 Progress Reports

Each completed section of the training programme should be followed by submission of a Progress Report by the Supervisor / Trainer. These reports should be received by the PGIM within one month of completing the relevant section of training.

*The onus of ensuring that these reports are sent in time to the PGIM is entirely on the trainee.* He or she should liaise with the trainers and make sure that the reports are received by the PGIM in time. This includes local as well as foreign training. **Refer Annex II for progress reports**

- Unsatisfactory progress reports will be discussed at the BOSP and contents will be communicated to the trainee and the subsequent trainer/s, where this is deemed necessary for support purposes. The trainee will be informed of the steps taken-which may involve advice, guidance, lengthening or repetition of the said training.

## 10.2 In Service Training Assessment (ISTA) during local training

The trainee is expected to complete the following assessments during this period.

1. Multi Source Feedback (MSF)- 2
2. Case Based Discussions (CBD)-12 minutes per CBD -12
3. Mini Clinical Evaluation (MCE)-2
4. Discharge Summaries & Letters (DSL) - 5
5. Evaluation of Teaching Skills- (ETS)- 2
6. Communication Skills (CS)- 2

*Refer Annex III for ISTA forms*

Training Component	In Service Assessment
Lady Ridgeway Hospital	MSF (2), CBD (10), DSL (5), ETS(2), CS (2)
National Hospital of Sri Lanka and De Soyza Maternity Hospital	CBD (2)
Teaching Hospital Karapitiya, Galle	MCE (1)
Cancer Institute Maharagama	MCE(1)

## 10.3 Maintaining a log of learning activities

The trainee should provide proof of successful completion of all learning activities during the training programme. (*Refer Annex IV*)

## 11. Eligibility for Pre Board Certification Assessment (PBCA)

The following criteria have to be fulfilled to be eligible to appear for the PBCA.

1. Satisfactory completion of all components of training
2. Successful completion, presentation and publication of the research project/s
3. Satisfactory progress reports of local and overseas training
4. Satisfactorily completed PTR forms

## 12. Format of Pre Board Certification Assessment (PBCA)

### Assessment tool- Portfolio

The PBCA should be based on assessment of portfolio maintained by the trainee during the period of post MD training. Content of the portfolio should encompass all of learning outcomes mentioned below and contains evidence of achievement of these outcomes by the trainee.

1. Subject expertise
2. Teaching
3. Research and Audit
4. Ethics and medico legal issues
5. Information technology
6. Lifelong learning
7. Reflective practice

***Refer Annex V for details***

### Portfolio Assessment

The candidate is expected to maintain a Portfolio from the commencement of the training programme on a continuous basis. He/she is expected to update it at regular intervals. The responsibility of ensuring such remains with the trainee. The Trainer (at each respective stage) is expected to supervise and direct the trainee on compilation of the document.

When the trainee is eligible for PBCA three (3) copies of the completed portfolio should be submitted to the examination branch of PGIM. The PBCA should take the form of a final, summative assessment of the trainee's portfolio, carried out by two independent examiners from the relevant subspecialty, appointed by BOSP and approved by the Senate of the University of Colombo.

The portfolio will be marked by the examiners using the rating scale (***Refer annex V***). The candidate will have to secure a minimum of 5 or more for all seven (7) components mentioned above at each examiner's assessment.

The trainee will be called for a *Viva voce* examination during which he/she will be questioned on the portfolio. A third examiner will be nominated by the BOSP from outside the discipline to improve objectivity.

For Portfolio assessment report      ***Refer annex V***

### **PBCA failed candidate**

- A trainee who fails on the Portfolio assessment will be advised in writing by the panel on exactly how the portfolio could be improved. In such a case, the necessary corrections and amendments have to be made by the trainee and the portfolio should be re- submitted to the PGIM within 3-6 months to be assessed by the same panel of examiners and a viva voce based on the re-submitted portfolio. A trainee, who still fails, would undergo a third portfolio evaluation and viva voce by a different panel of examiners appointed by the BOSP within two months.
- If the trainee is successful at the second assessment and viva voce, the date of Board Certification will be backdated as done routinely. **If unsuccessful even at the second evaluation, the date of Board certification will be the date of passing the subsequent PBCA following further training for a minimum period of 06 months in a unit selected by the BOSP.**

### **13. Board Certification**

A trainee who has successfully completed the PBCA is eligible for Board Certification as a specialist in Paediatric Endocrinology on the recommendation of the BOSP.

The trainee is required to do a power point presentation of 10- 15 minutes, to the BOSP which should be based on local and overseas training received, together with a component indicating the future mission and vision of the trainee.

### **14. Recommended reading**

Sperling- text book of Paediatric Endocrinology

Brooks clinical Paediatric Endocrinology

Williams text book of Endocrinology

Journal of clinical Endocrinology and metabolism

Journal of Paediatric Endocrinology and metabolism

## **15. Contributors to Development and Revision of Prospectus**

Many **Members of the Board of Study** in Paediatrics have devoted extensively their time and professional expertise, in designing and development of this document.

The following members, in particular, deserve specific mention for their contribution:

Professor Shamy de Silva (Chairperson)

Dr Navoda Atapattu (Convenor)

Professor Chandrika Wijeyaratne

Dr Nayana Liyanarachchi

Professor Dulani Gunasekera

Dr S.K. Arulmoly

(Sub-committee reconstituted in March 2012)

**ANNEX 1**  
**CURRICULUM**

**A Core knowledge**

**A1 The following aspects in relation to all endocrine organs in health and disease.**

- The normal embryology, anatomy and physiology of the endocrine system.
- Physiology and biochemistry of hormone metabolism.
- Mechanisms of function of the hormonal axes to maintain homeostasis.
- Recognition and investigation of deranged hormonal axes.
- Appropriate investigations relevant to the various endocrine disorders.

**A2 Disorders of growth**

- Assessment of normal growth and development.
- Principles and practice of anthropometric assessments and use of growth charts.
- Provocative tests of growth hormone secretion and their interpretation
- Diagnosis, management and follow up of children with disordered growth.
- Therapeutic use of growth hormone.

**A3 Disorders of puberty**

- Physiology of normal puberty.
- Delayed puberty – hyper and hypogonadotropic hypogonadism
- Precocious pubertal development – premature thelarche, adrenarche and precocious puberty.
- Chronic illnesses affecting puberty and their management.
- Chromosomal disorders affecting puberty and their management.
- Investigation, treatment and follow up of a child/adolescent with disorders of puberty.

**A4 Disorders of the thyroid gland**

- Diagnosis, management and follow up of congenital hypothyroidism.
- Investigation of a child with a goiter.
- Management of autoimmune thyroiditis and associated conditions of autoimmune aetiology.
- Management and follow up of hyperthyroidism and Grave disease.

**A5 Disorders of the adrenal gland**

- Diagnosis, management and follow up of –
  - \* Different types of congenital adrenal hyperplasia (CAH)
  - \* Addison disease
  - \* Cushing syndrome
  - \* Pheochromocytoma

**A6 Disorders of sex development (DSD)**

- Diagnosis, management and follow up of -  
a virilized girl - CAH  
inadequately virilized boy – androgen insensitivity syndromes,
  - Gonadal dysgenesis, defects in the biosynthetic pathway of testosterone
  - production
- Long term implications of the decisions pertaining to gender of rearing.

**A7 Disorders of parathyroid glands and calcium metabolism**

- Investigation of child with hypocalcaemia
- Diagnosis, management and follow up of children with the various forms of rickets.
- Diagnosis, management and follow up of children with hypo-parathyroidism, pseudo hypo-parathyroidism and pseudo pseudo hypo-parathyroidism.
- Management of osteoporosis in children (eg: glucocorticoid induced, associated with chronic haemolytic disorders etc)

**A8 Disorders of the hypothalamus and pituitary gland**

- Investigation of a child with polyuria and polydypsia.
- Diagnosis, management and follow up of children with diabetes insipidus.

**A9 Comprehensive management and follow up of children with Type 1 diabetes mellitus**

**A10 Comprehensive management and follow up of childhood obesity and related conditions.**

**A11 Investigation of persistent hypoglycaemia**

**A12 Investigation of a child with ‘endocrine hypertension’**

**A13 Management of a child with Multiple Endocrine Neoplasia**

**A14 Adolescent with endocrine disorders associated with a chronic illness –  
eg: Thalassaemia**

**A15 Management of a newborn with endocrine problems egA4, A6 and A11**

**A16 Late effects of cancer therapy (chemo and radiotherapy)**

**A17 Surgical endocrinology:** involvement in pre and post operative management of children undergoing surgery related to endocrine disorders.

**A18 Pharmacology** – Pharmacokinetics and pharmacodynamics of all the drugs used in endocrine disorders – eg. Indications and guidelines for their use, short and long term side effects, methods of delivery, devices used, availability in Sri Lanka, cost involved etc.

## **B Skills to be developed**

### **B1 Clinical skills pertaining to all endocrine disorders affecting children.**

Identification based on history and examination, investigations, short and long term management, complications with or without treatment and their management.

### **B2 Laboratory skills – performing and interpretation of endocrine related Investigations eg. – glucagon stimulation test, short synacthen test etc.**

### **B3 Radiological / imaging skills**

Experience with imaging techniques in endocrine disease and their interpretation – Radio-isotopes, ultrasonography and CT/MRI.

### **B4 Communication skills**

#### **B4.1 Counselling parents**

It is imperative that the trainee learns to communicate with parents regarding the disorder – pathophysiology of the condition in a way the parents can understand, compliance with drugs where indicated, immediate and long term implications, need for surgical interventions if any, issues relating to puberty, marriage and fertility, life-long treatment when necessary etc.

#### **B4.2 Issues of confidentiality and ethical considerations**

#### **B4.3 Discussions with colleagues in other areas of specialty eg. surgeons, radiologists, neurologists, geneticists and adult endocrinologists**

#### **B4.4 With adult counterparts to develop adolescent or transitional clinics.**

### **B5 IT skills – to practice evidence based medicine.**

To keep up to date with recent advances and internationally accepted best practice guidelines, changing practices of management etc.  
Data base for record keeping.

### **B6 Teaching skills**

### **B7 Research and clinical audits – presentations and publications.**

Annex II



POSTGRADUATE INSTITUTE OF MEDICINE  
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BOARD OF STUDY IN PAEDIATRICS

MD PAEDIATRIC ENDOCRINOLOGY

**PROGRESS REPORT**

**Important Information**

- For each period of training all nominated supervisors are required to either complete an individual report or co-sign a report
- Training will not be certified without the final supervisor's report

**TRAINEE'S DETAILS AND TRAINING POSITION**

Full name of the trainee :

Report period from :  to

Training position :

**TRAINER'S DETAILS**

Full name of trainer :

Qualifications :

Hospital :

E mail :

Please rate the trainee's performance for each topic area by placing a rating of 1-5 (or

- Rating Scale**
- 1 - Falls far short of expected standards
  - 2 - Falls short of expected standards
  - 3 - Consistent with level of training
  - 4 - Better than expected standards
  - 5 - Exceptional performance

N/A Not Applicable for this training period

<b>Medical Knowledge</b> Demonstrates up-to-date knowledge required to manage patients	
<b>Application of Medical Knowledge</b> Shows ability to use the knowledge and other derived evidence based information	
<b>Interpersonal/ Communication Skills</b> Demonstrates ability to communicate with patients and their families	
<b>Clinical Judgment</b> Demonstrates ability to integrate cognitive and clinical skills, and consider alternatives in making diagnostic and therapeutic decisions	
<b>Responsibility</b> Accepts responsibility for own actions and understands the limitations of own knowledge and experience	
<b>Punctuality</b>	
<b>Problem Solving Skills</b> Critically assesses information, identifies major issues, makes timely decisions and acts upon them	
<b>Humanistic Qualities</b> Demonstrates integrity and compassion in patient care	
<b>Respect</b> Shows personal commitment to honouring the choices and rights of other persons	
<b>Moral and Ethical Behaviour</b> Exhibits high standards of moral and ethical behavior towards patients and families	
<b>Professional Attitudes and Behaviour</b> Shows honesty at all times in their work, put patient welfare ahead of personal consideration	
<b>Patient Management</b> Shows wisdom in selecting treatment, adopt management to different circumstances	

<b>Psychological Development</b> Demonstrates ability to recognize and/or respond to psychological aspects of illness	
<b>Medical Care</b> Effectively manages patients through integration of skills resulting in comprehensive high quality care	
<b>Research Methodology</b> Understands scientific methodology, participates in research studies by formulating and testing hypothesis and analyzing the results	
<b>Quality Assurance</b> Demonstrates ability to initiate and evaluate Quality Assurance programmes	
<b>Record Keeping</b> Maintains complete and orderly records and up-to-date progress notes	
<b>Discharge/ Planning Summaries</b> Ensures that all problems are explained prior to discharge from hospital, prepare concise and prompt discharge summaries	
<b>Reports</b> Complete succinct and accurate reports without delay, communicates with referring practitioner for continuing care	
<b>Relationships with Medical Staff</b> Maintains the respect of his/her colleagues	
<b>Relationships with Health Professionals</b> Demonstrates ability to work well and efficiently in the health care team, values the experience of others	
<b>Relationships with Clerical Staff</b> Relates easily to members of staff, maintains team spirit and encourages cooperation	
<b>Organization Skills</b> Demonstrates ability to plan, coordinate and complete administrative tasks associated with medical care	
<b>Self-Assessment</b> Accepts the limits of own competence and functions within own capabilities, seeks advice and assistance when appropriate, accepts criticism	
<b>Continuing Education</b> Shows a resourceful attitude towards continuing education to enhance quality of care	

Please comment on any **strengths and weaknesses** that the trainee displayed with regard to the above areas

Strengths:-

Please comment on any **weaknesses** that the trainee displayed with regard to the above areas

Weaknesses:-

### **SUMMARY OF THE TRAINING YEAR**

**A. Are you satisfied with the overall performance of the trainee during the period covered by this report?**

If no, are there any specific factors which may have affected this trainee's performance or do you have any reservations about performance?

**B. Did the trainee take any leave during the period covered by this report?**

If yes, please indicate the periods and types of leave and whether prior approval was obtained.

-----

**TRAINER'S COMMENTS**

-----  
Trainee's signature:

-----  
Date

-----  
Trainer's Signature

-----  
Date

Annex III

IN SERVICE TRAINING ASSESSMENT FORMS



POST GRADUATE INSTITUTE OF MEDICINE  
UNIVERSITY OF COLOMBO, SRI LANKA  
IN SERVICE TRAINING ASSESSMENT  
MD PAEDIATRIC ENDOCRINOLOGY



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Case Based Discussion (CBD)

---

Trainee's name: -----

Date of assessment (dd/mm/yyyy): 

--	--	--

Training Centre: -----

Year of 

1	2	3	4
---	---	---	---

 training:

Clinical setting: OPD/Clinic   In-patient   Acute Admission   Neonates  
        

Clinical problem: Respiratory   CVS   GI   CNS   Neonates   Development   Emergency  
                 

Focus of Clinical Encounter: History   Examination   Diagnosis   Management   Discussion  
           

Other (Please specify): 

--

---

Please insert a brief clinical summary of the case below (e.g. 3 year old presenting with hypoglycaemic convulsions)

--

Grading	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Well above expectations	Unable to comment
	F	E	D	C	B	A	
History							
Clinical Assessment							
Problem identification							
Investigation							
Management							

<b>**Overall performance</b>	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Well above expectations
------------------------------	--------	--------------------	------------	--------------------	--------------------	-------------------------

**\*\* Mandatory: Please grade the overall performance of the trainee on CBD**

Areas of strengths/weaknesses	Suggestions for improvement/further development
Action agreed upon :-	

Assessor's position: Consultant  Senior Registrar

Assessor's signature:----- Assessor's Name:-----

Trainee's comments:

Trainee's signature: -----



**POST GRADUATE INSTITUTE OF MEDICINE**  
**UNIVERSITY OF COLOMBO, SRI LANKA**  
**IN SERVICE TRAINING ASSESSMENT**  
**MD PAEDIATRIC ENDOCRINOLOGY**



**MINI CLINICAL EVALUATION (MCE)**

**Trainee's name:** -----

**Date of assessment (dd/mm/yyyy):**

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**Training Center:** -----

**Year of training:**

1	2	3	4
---	---	---	---

**Clinical setting:** OPD/Clinic  In-patient  Acute Admission  Neonates

**Clinical problem:** Respiratory  CVS  GI  CNS  Neonates  Development  Emergency

**Focus of Clinical Encounter:** History  Examination  Diagnosis  Management  Discussion

Other (Please specify): 

--

Please insert a brief clinical summary of the case below (e.g. 3 year old with prolonged febrile seizure, developmental delay and respiratory distress):-

--

Please grade the below areas using the given scale:

	Unsafe	Below expectations	Border-line	Meets expectations	Above expectations	Well above expectations	Unable to comment
	F	E	D	C	B	A	
History Taking							
Communication skills							
Examination							
Clinical judgment							
Initial management							
Professionalism							
Organization/efficiency							

<b>**Overall performance</b>	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Well above expectations
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**\*\* Mandatory : Please grade the overall performance of the trainee on MCE**

Areas of strength	Suggestions for development
Action agreed upon :-	

Assessor's position: Consultant  Senior Registrar

Assessor's signature:----- Assessor's Name:-----

Trainee's comments:

Trainee's signature: -----



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**IN SERVICE TRAINING ASSESSMENT**  
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**MULTI SOURCE FEEDBACK (MSF)**

**Trainee's name:** -----

**Date of assessment (dd/mm/yyyy):**

--	--	--

**Training center:** -----

**Year of training:**

1	2	3	4
---	---	---	---

**Length of working relationship (in months):**

You will be expected to provide a feedback on the work performance of the trainee with anonymous feedback of at least 2 members of the hospital staff (seniors, peers, juniors, nurses and other health professionals)

<i>Grading</i>	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Well above expectations	Unable to comment
	<b>F</b>	<b>E</b>	<b>D</b>	<b>C</b>	<b>B</b>	<b>A</b>	
Ability to diagnose patient problems							
Ability to formulate appropriate management plans							
Ability to manage complex patients							
Awareness of his/her own limitations							
Responds to psychosocial aspects of patients							
Appropriate utilization of resources e.g. ordering investigations							

Ability to coordinate patient care							
Technical skills (appropriate to current practice)							
Ability to apply up-to-date / evidence based medicine							
Ability to manage time effectively / prioritize							
Ability to deal with stress							
Commitment to learning. Willingness and effectiveness when teaching/training colleagues							
Communication with guardian and/or family							
Ability to recognize and value the contribution of others							
Accessibility / reliability							
Leadership skills							
Punctuality							

<b>**Overall performance</b>	<b>Unsafe</b>	<b>Below expectations</b>	<b>Borderline</b>	<b>Meets expectations</b>	<b>Above expectations</b>	<b>Well above expectations</b>
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**\*\* Mandatory for the trainer to complete**

Trainer's comments:	Suggestions for development
Action agreed upon	

Assessor's position: Consultant  Senior Registrar

Assessor's signature:----- Assessor's Name:-----

Trainee's comments:

Trainee's signature: -----



**POST GRADUATE INSTITUTE OF MEDICINE**

**UNIVERSITY OF COLOMBO, SRI LANKA**

**IN SERVICE TRAINING ASSESSMENT**

**MD PAEDIATRIC ENDOCRINOLOGY**



**ASSESSMENT OF TEACHING SKILLS**

**Trainee's name:** -----

**Date of assessment (dd/mm/yyyy):**

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**Training Center:** -----

**Year of training:**

1	2	3	4
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**Clinical setting:** In-patient  ETU/OPD  Neonatal unit  Intensive Care unit

Other (Please specify):

Please insert a brief summary of the teaching skill assessed

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**Please grade the below areas using the given scale:**

	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Well above expectations	Unable to comment
	<b>F</b>	<b>E</b>	<b>D</b>	<b>C</b>	<b>B</b>	<b>A</b>	
<b>Clarity and Organization (all sessions)</b>							
Presents material in a logical sequence							
Summarizes major points of lesson							

Method of communication medium							
Demonstration of physical signs							
<b>Effective communication</b>							
Projects voice clearly, with intonation, easily heard							
Demonstrates and stimulates enthusiasm							
Varied explanations for complex and difficult scenarios							
Material, using examples to clarify points							
Defines unfamiliar terms, concepts and principles							
Listens to students' questions and comments							
<b>Interaction with students</b>							
Information up-to-date							
Demonstrates advanced preparation for teaching sessions							

<b>**Overall performance</b>	<b>Below expectations</b>	<b>Borderline</b>	<b>Meets expectations</b>	<b>Above expectations</b>	<b>Well above expectations</b>
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**\*\* Mandatory for the trainer to complete**

Areas of strength	Suggestions for development
Action agreed upon	

Assessor's position: Consultant  Senior Registrar

Assessor's signature:----- Assessor's Name:-----

Trainee's comments:

Trainee's signature: -----



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**IN SERVICE TRAINING ASSESSMENT**  
**MD PAEDIATRIC ENDOCRINOLOGY**



**COMMUNICATION SKILLS**

**Trainee's name:** -----

**Date of assessment (dd/mm/yyyy):**

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**Training Center:** -----

**Year of training:**

1	2	3	4
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**Clinical setting:** In-patient  ETU/OPD  Neonatal unit  Intensive Care unit   
 Other (Please specify): 

--

Please insert a brief summary of the communication scenario assessed

--

**Please grade the below areas using the given scale:**

	Unsafe	Below expectations	Borderline	Meets expectations	Above expectations	Well above expectations	Unable to comment
	F	E	D	C	B	A	
<b>Conduct of interview</b>							
Introduction, clarifies role							
Rapport							
Empathy and respect							
<b>Appropriate explanation and negotiation</b>							
Clear explanation, no jargon							
Assessment of prior knowledge of patient							
Appropriate questioning style							
Explores and responds to concerns and feelings							

Summarizes and checks understanding							
Offer support and plan the management							
Time for questions							
<b>Accuracy of information given</b>							
Appropriate selection of information							
Accuracy of information							

<b>**Overall performance</b>	<b>Below expectations</b>	<b>Borderline</b>	<b>Meets expectations</b>	<b>Above expectations</b>	<b>Well above expectations</b>
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**\*\* Mandatory for the trainer to complete**

Areas of strength	Suggestions for development
Action agreed upon	

Assessor's position: Consultant  Senior Registrar

Assessor's signature:----- Assessor's Name:-----

Trainee's comments:-----

Trainee's signature: -----



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**MD PAEDIATRIC ENDOCRINOLOGY**



**Discharge Summaries, Referrals & Letters (DSRL)**

**Trainee's name:** -----

**Date of assessment (dd/mm/yyyy):**

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**Training Center:** -----

**Year of training:**

1	2	3	4
---	---	---	---

**Clinical setting:** In-patient  ETU/OPD  Neonatal unit  Intensive Care unit   
 Other (Please specify): 

--

Please insert a brief summary of the scenario assessed

--

**Please grade the below areas using the given scale:**

	Unsafe	Below Expectations	Borderline	Meets Expectations	Above Expectations	Well above Expectations	Unable to comment
	F	E	D	C	B	A	
<b>Problem List</b>							
Is there a medical problem list?							
Are any obvious and significant problems omitted?							
Are any irrelevant problems listed?							
<b>History</b>							
Is there a record of the family's current concerns being sought of clarified?							

Is the document history appropriate to the problems and questions?							
<b>Examination</b>							
Is the documented examination appropriate to the problems and questions?							
<b>Overall assessment</b>							
Is the current state of health or progress clearly outlined?							
Are the family's problems or questions addressed?							
Is/are the referring doctor's questions addressed?							
Is a clear plan of investigation or non-investigation recorded?							
Are the reasons for the above plan adequately justified?							
Are all the known treatments, or absence of treatment, recorded clearly?							
Are all the doses clearly stated in formal units?							
Is adequate justification given for any changes to treatment?							
Is there an adequate record of information shared with the family?							
<b>Follow up</b>							
Is it clear whether or not hospital follow-up is planned?							
Is the purpose of follow up adequately justified?							
<b>Clarity</b>							
Is there much unnecessary information?							
Does the structure of the letter flow logically?							
Are there any sentences you do not understand?							

<b>**Overall performance</b>	<b>Below Expectation</b>	<b>Borderline</b>	<b>Meets Expectation</b>	<b>Above Expectation</b>	<b>Well above Expectation</b>
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**\*\* Mandatory for the trainer to complete**

Areas of strength	Suggestion for development
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Agreed action

Assessor's position: Consultant  Senior Registrar

Assessor's signature:----- Assessor's Name:-----

Trainee's comments:-----

Trainee's signature: -----

*Annex IV*

**Log of learning activities**

<b>Training component</b>	<b>Duration</b>	<b>Name &amp; Signature of the Trainer</b>
Lady Ridgeway Hospital		
NHSL		
DMH		
Bone densitometry TH Karapitiya		
Nuclear medicine Unit TH Karapitiya		

## Annex V

### Portfolio

Content of the portfolio should encompass all of learning outcomes mentioned below and contains evidence of achievement of these outcomes by the trainee.

1. Subject expertise
2. Teaching
3. Research and Audit
4. Ethics and medico legal issues
5. Information technology
6. Lifelong learning
7. Reflective practice

#### Subject expertise

- Progress reports from supervisors on a prescribed format
- ISTA forms
- Log of procedures carried out
- This section must include evidence that the trainee has acquired the essential knowledge, skills and competencies related to the subspecialty

#### Teaching

- Undergraduates
- Postgraduates
- Ancillary health staff

#### Research and audit relevant to specialty or subspecialty

- Research papers published
- Abstracts of presentations

#### Ethics and Medico – legal issues

- Completed Professionalism Observation Forms(from integrated learning component of Professionalism Strand)
- Completed PTR forms

PTR forms (*Refer General Paediatric Prospectus*) should be completed according to the instructions and submitted to the PGIM every six months by the trainee. A satisfactory PTR report is a requirement for PBCA.

### Information technology

- Participation in training programmes /workshops
- Evidence of searching for information and application of findings in practice

### Life- long learning

- Participation in conferences and meetings

### Reflective practice

- Minimum of 10
- The fundamental basis of Portfolio maintenance is Reflective practice which is an important tool in postgraduate training.

Reflective practice consists of:-

focused self-assessment

reflecting on experience

reflecting on strengths, weaknesses and areas for development

design of own strategies that leads to improvement in practice

**The trainee is expected to continue updating the portfolio during the local and foreign training.**

**Prior to the Pre-Board Certification Assessment (PBCA), a panel of two examiners appointed by the BOS will assess the completed portfolio. A satisfactory Portfolio Assessment Report is a mandatory requirement for the PBCA.**

*For further details refer General Paediatrics Prospectus.*

## **Portfolio Assessment Report**

**Subject expertise, teaching, research and Audit, ethics and medico legal issues, information technology and lifelong learning will be assessed according to the rating scale mentioned below.**

	Marks/10
Fail	3
Borderline	4
Pass	5
Good pass	6
Excellent pass	7+

**Reflective practice will be assessed according to the following rating scale given below.**

		Marks/10
Fail	Has not completed Reflective cycle	3
Borderline	Has only described the learning experience	4
Pass	Analysed the reasons for the experience & the reasons for outcome	5
Good Pass	Evaluated how the outcome could have been different if a different course of action was taken	6
Excellent Pass	Provided high quality evidence for implementing changes	7+