

“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. 4 of 2016 for Postgraduate Diplomas and Postgraduate Certificates ”

**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO**

Prospectus

POSTGRADUATE DIPLOMA IN CHILD HEALTH

(To be effective from the year 2015)

BOARD OF STUDY IN PAEDIATRICS

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ANNEXES

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1. Background

The Board of Study in Paediatrics conducts the PDCH programme in order to improve the knowledge, skills & attitudes of medical officers in the provision of childcare in Sri Lanka in a variety of settings.

The acquisition of this diploma will

- not entitle him/her to specialist status
- not give any concession in the MD programme leading to the MD Paediatrics examination.

The contents outlined in this prospectus describe details of the amended PDCH programme and the formal assessments.

2. Expected Outcomes

- To provide basic knowledge, skills and attitudes related to childcare. This will improve their understanding of problems of health and disease from conception through birth and childhood to adolescence in Sri Lanka.
- To provide opportunities to support career advancement for paediatric oriented grade medical officers.

For this purpose a trainee should have

- have an understanding of and competence in the principles and practice of the clinical methods in order to be able to identify, analyse and manage such patients efficiently and humanely.
- be able to identify and refer those problems that require specialised treatment.
- be able to carry out long term treatment for those referred back from a referral clinic including chronically ill and terminally ill patients.
- possess a sound knowledge of community resources & social services programmes and an understanding of the principles of preventive care and be able to take preventive and/or promotional measures to improve the health and well being of infants, children and adolescents.
- to develop good communication skills and empathy.
- be able to function as a member of a team, delivering child care services

3. PDCH Selection Examination

3.1. Criteria for eligibility to sit the PDCH Selection Examination

- I. A medical degree registered with the Sri Lanka Medical Council.
and
- II. Satisfactory completion of internship
And
- III. Satisfactory completion of one year of post internship in
Medical/Clinical practice in a university/public/private sector
institution in Sri Lanka acceptable to the PGIM

The criteria prescribed in paragraphs I, II, III should be satisfied by the applicant before the date of closure of applications.

Note: In respect of (III) above, those who have availed maternity or sick leave during this one year period could be considered eligible provided that they have completed 80% of the one year period.

- IV. **Any other requirement/s stipulated by the Board of Study relevant to the particular field of study concerned, that has/have been approved by the Board of Management.**
- V. Foreign nationals who seek to apply for training programme should possess a medical degree registered with the Sri Lanka Medical Council. Such applications are scrutinized by the BOS for suitability and recommendations. The decision of the Board of Management will be final in all such applications.

3.2. PDCH Selection Examination

Content areas in the selection examination include Neonatology, Paediatrics and Child health – preventive and curative aspects, paediatric emergencies and social paediatrics.

The above subject areas shall be assessed in the Multiple Choice Question (MCQ) Paper.

Multiple Choice Question Paper:

This consists of **TWO** papers (Paper I and II) containing a total of 50 questions.

The candidate will have a total duration of 2 hours (120 minutes) to answer both papers.

Paper I

- Total of 20 True/False type questions
- Each question will carry a maximum of 5 marks. A minus mark would be given for a wrong response. The lowest mark per each question would be zero.
- The total maximum mark obtainable per paper would be 100

Paper II

- Total of 30 questions of single best response (SBR) type.
- The mark per question is zero or three.
- Final mark for paper II will be calculated out of 100.

The final mark will be calculated as follows:

Paper I	100
Paper II	100
	—
Total mark	200
	===

The final calculated mark will be out of 100.

If the final mark contains a decimal point, it would be rounded off to the nearest whole number.

The minimum qualifying mark for the entire MCQ paper will be 50% to enter the PDCH training programme.

The candidate needs to obtain a minimum mark of 45% for each paper (i.e., paper I and paper II).

3.3. Entry to the training programme

- Candidates who are selected for the PDCH training programme in a particular year should register for the programme in the same year.
- Postponement of training will not be allowed except under compelling circumstances, deemed acceptable to the BOSP on a case by case basis.

- In the event of such a postponement, the training should be commenced within a period of two years from the date of release of results of the selection examination and the trainee will be placed at the bottom of the merit list for that particular allocation if required.
- Ranking of the candidates would be done by considering the total mark obtained at MCQ paper at the given selection examination. The number of attempts would be considered. Those who pass in the first attempt will be placed above others.

4. Structure of the PDCH Programme

I. General Paediatrics

- 1.1 The trainee has to undergo three months of supervised in-service training as a second on call Medical Officer in General Paediatrics in a unit under the supervision of a Board Certified Consultant Paediatrician who qualifies to be a PGIM trainer. This training component should be carried out at the current working station or in a unit within the same district approved by the BOSP. A minimum on call rota of one in three (1:3) is mandatory during this training.
- 1.2 If the trainee has not fulfilled the criteria mentioned below (a or b) he/she **should undergo an additional 03 months** of General Paediatric training in the same station.
- a. six months experience in General Paediatrics with “first on call” duties under a Consultant Paediatrician during internship or afterwards within 7 years immediately preceding the PDCH examination.
 - or
 - b. minimum of one year experience in General Paediatrics /Neonatology under a Consultant Paediatrician within 7 years immediately preceding the PDCH examination

*** All trainers are required to submit a progress report at the completion of General Paediatric appointment.

II. Workshops and Day-Release-Programmes

During the General Paediatric training a trainee should attend the following workshops and day release programmes. **Satisfactory completion of all these sessions is a mandatory requirement to sit for PDCH examination.**

Training component	Training centre/centres	Duration
School medical inspection	Local MOH office	One day
Visit to a Family Physician approved by the Board of Study	Local General Practitioner	One day
Under the supervision of Medical Officer of Health <ul style="list-style-type: none"> • Functions of a Public health nurse, family health care worker and public health inspector in the field at any Primary care institution • Functions of a Child welfare Clinic 	Local MOH clinic	One day
Institution for a child with special needs	Centres approved by PGIM	One day
Receiving home / probation and child care	At provincial level	One day
Sexually transmitted diseases clinic	Clinics at Teaching Hospitals (under supervision of a Consultant Venereologist)	One day
Anti TB Campaign	Clinics/campaigns under supervision of a Consultant Chest Physician	One day
Rehabilitation unit at closest local facility	Lady Ridgeway Hospital, Ragama Rehabilitation Centre	One day
Child Protection	Child Protection Authority AND Colombo North Teaching Hospital and Lady Ridgeway Hospital (under supervision of Consultants approved by BOSP)	One day
Family Health Bureau	Lecture series	One day each on 2 consecutive days
Epidemiology Department	Sessions conducted by Epidemiology Department	

Institution for deaf and blind children	Deaf & Blind School- Rathmalana	One day
Child and Adolescence Mental Health Clinic	Lady Ridgeway Hospital for Children	2 days
Advanced Paediatric Life Support Course	Colombo (SLCP), Kandy and Karapitiya	3 days
Dengue management workshop	Workshops conducted by PGIM/SLCP/Epidemiology Unit	2 days
Essential Newborn Care (ENCC)	Family Health Bureau	
Communication workshops	Workshops conducted by MERC PGIM or BOSP	One day
Safe and cost effective prescribing	Pharmacology Departments of Universities	One day

If the trainee has had training in any of these sessions within the previous 3 years he/she would be exempted. Proof of evidence is required.

5. PDCH EXAMINATION

5.1. Eligibility to sit for PDCH Examination

- a) Satisfactory completion of the training requirement
- Compulsory training in General Paediatrics
 - 17 Workshops and Day Release Programmes

Private sector candidates should follow “Guidelines for commencing the formal training of private sector candidates by the PGIM – 2007” when applying for PDCH examination.

5.2 The examination will consist of 2 components

- C1. Written component
C2. Clinical component

5.2.1 The written component will consist of 2 papers

- C1.1 Short Answer questions (SAQ) paper 10 questions (2 1/2 hours)

It will consist of data interpretation questions (Urine analysis, lab reports, growth charts, audiograms, peak flow meter readings, CHDR) and mini case histories
100 marks for each SAQ and the final mark will be calculated out of hundred.

- a) C1.2 Structured Essay Questions (SEQ) paper
05 Structured essay questions (2 1/2 hours)
100 marks for each SAQ and the final mark will be calculated out of hundred.

A candidate should obtain overall mark of 50% to qualify for the clinical component.

5.2.2 The clinical component will consist of

C2.1 One long case where the candidate will be given 40 minutes to take a history and examine a patient after which he/she will be questioned for 20 minutes by a pair of examiners. The candidate will be marked out of 100 by two independent examiners.

C2.2 SACS component

It includes four SACS stations. It will consist of a communication station, development station and 2 clinical stations. Ten minutes will be allocated for each station (7 minutes for examination and 3 minutes for discussion)
Each station is awarded 100 marks by two independent examiners.

A candidate should obtain overall mark of 50% or more to be successful at the clinical component.

Assessment component		Marked out of	Percentage allocated in final mark
C1	Written component		
C1.1	Short Answer Questions	100 x 10	20
C1.2	Structured Essay Questions	100 x 5	20
C2	Clinical component		
C2.1	Long case	100 x 1	30
C2.2	SACS	100 x 4	30
	Total overall mark		100

Eligibility to pass the PDCH Final Examination

In order to pass the PDCH Final Examination, a candidate is required to obtain

A total overall mark of 50% or more

And

50% or more in the written component

And

50% or more in the clinical component

6. AWARD OF DIPLOMA

On successful completion of PDCH examination the candidate will be awarded the Postgraduate Diploma in Child Health.

7. AWARD OF MEDAL

A medal shall be awarded to the best candidate at the PDCH examination provided.

- a) the candidate has passed the examination in the first attempt.
- b) the candidate has obtained an aggregate mark of 65% or more
- c) the candidate has topped the list of candidates
- d) the candidate has obtained 60% or more in both written and clinical components.

The Board of examiners would recommend the award of the medal to the PGIM.

8 INTERPRETATION AND AMENDMENTS

In any matter relating to interpretation of the above regulations, the decision of the Board of Study duly approved by the Board of Management of the PGIM will be final. The Board of Study shall have the right to amend any provisions in the above regulations with the approval of the Board of Management of the PGIM from time to time.

9. Leave

Leave will be granted as per general guidelines of the PGIM.

10. GENERAL REGULATIONS OF THE PGIM

Refer to General Regulations of the PGIM, which are applicable to the postgraduate trainees on all courses conducted by the PGIM.

Annex 1
PDCH Curriculum

1. **General competences**
2. **Specialty specific competences**
 - a) **Adolescent Health**
 - b) **Behavioural problems**
 - c) **Cardiology**
 - d) **Dermatology**
 - e) **Diabetes and Endocrinology**
 - f) **Growth and Development**
 - g) **Gastroenterology and Hepatology**
 - h) **Genetics and Dysmorphology**
 - i) **Haematology and Oncology**
 - j) **Infection, Immunity and Allergy**
 - k) **Metabolic medicine**
 - l) **Musculoskeletal**
 - m) **Neonatology**
 - n) **Nephro-urology**
 - o) **Neurology and Neurodisability**
 - p) **Nutrition**
 - q) **Ophthalmology**
 - r) **Paediatric surgery**
 - s) **Palliative care**
 - t) **Pharmacology, Poisoning and Accidents**
 - u) **Primary care**
 - v) **Child Public Health**
 - w) **Respiratory medicine with ENT**
 - x) **Safeguarding**

1. General competences

Knowledge & Skills

The candidate must

- Understand and follow the principle that all decisions are to be made in the best interest of the child and young person
- Be able to undertake teaching and learning in clinical contexts

- Know appropriate use of clinical guidelines to support evidence based practice
- Understand issues relating to consent and confidentiality
- Be aware of religious and cultural beliefs that parents might hold
- Demonstrate ability to seek help when required
- Be able to recognize and respond to psychological effects of illness
- Be able to recognize the benefits of multi-disciplinary teams in care of children
- Be able to handle babies and children of different age groups comfortably and with confidence
- Be able to perform a general and systemic physical examination of children of different age groups, opportunistically and with empathy
- Be able to explain and counsel children and the family of the conclusions reached
- Demonstrate good generic communication skills while dealing with children and adolescents
- Recognise special needs of adolescents during consultation
- Be able to maintain appropriate interaction with special needs children

Specialty specific competences

a) Adolescent Health

Knowledge & Skills

The candidate must

- Understand the different health needs of adolescents, and factors influencing adolescent development
- Be aware of risk-taking behaviours including non-compliance, self harm and substance abuse
- Be aware of clinical presentation of adolescents with eating disorders
- Know about contraceptive and sexual health issues including sexually transmitted infections

- Be able to hold discussion around all the areas addressed under knowledge section

b) Behavioural problems

Knowledge & Skills

The candidate must

- Be able to demonstrate skills to support and engage parents of children with emotional or mental health difficulties
- Know about the effects of developmental difficulties and physical diseases on behaviour and vice versa
- Know about the role of Child and Adolescent Mental Health Services
- Understand the principles of managing common behaviour problems such as temper tantrums, breath-holding attacks, sleep problems, the crying baby, oppositional behaviour, enuresis and encopresis, school refusal and bullying
- Be aware of the signs and symptoms of Attention Deficit Hyperactivity Disorder (ADHD), autistic spectrum disorders and depression
- Be able to look at behaviour as a form of communication and to take this into account when interviewing, examining and assessing children
- Have begun to develop an approach to the assessment of behaviour problems that uses observation as well as history-taking

c) Cardiology

Knowledge & Skills

The candidate must

- Know the differences between central and peripheral cyanosis
- Understand the measurement and interpretation of blood pressure in different age groups
- Know the steps needed to provide Paediatric Life Support advice

- Know the common causes of palpitations and syncope and chest pain, know when to refer
- Be aware of the causes of heart failure, clinical features and when to refer for assessment
- Be aware of the current recommendations for endocarditis prophylaxis in children with heart diseases
- Be aware of the investigations and management of heart diseases
- Know common congenital Heart disease (CHD) including aetiological factors.
- Be able to examine the cardiovascular system in children of different ages, interpret and discuss physical findings
- Be able to identify common congenital heart diseases (ASD, VSD) and know when to refer
- Be able to identify an innocent cardiac murmur

d) Dermatology

Knowledge & Skills

The candidate must

- Be able to diagnose, investigate and manage common skin rashes – eczema, acne, impetigo, ammoniacal dermatitis (staphylococcal scalded syndrome, sebbhorreic dermatitis, cradle cap, and nappy rash)
- Be aware of the different potencies of topical steroids and of their side effects
- Understand the impact of severe dermatological problems on children
- Recognize when to consult a dermatologist
- Be aware of the associations between skin disorders and systemic diseases
- Know the causes of fever and an erythematous rash – exanthemata, Kawasaki
- Know the causes and management of cellulitis including periorbital cellulitis

- Know the causes features and management of rashes- HSP, Erythema nodosum and multiforme
- Be able to recognise different birthmarks and naevi
- Be able to diagnose common skin rashes – eczema, seborrheic dermatitis, acne, impetigo, ammonical dermatitis

e) Diabetes and endocrinology

Knowledge

The candidate must

- Be able to recognize the early features of a child or young person presenting with diabetes and know the principles of the management
- Be aware of the potential complications relating to diabetic ketoacidosis and understand the principles of treatment
- Know the causes, complications and treatment of hypoglycaemia
- Be able to discuss blood sugar monitoring
- Know the causes of polyuria and polydipsia and be able to identify children who require referral
- Know the causes and management of hypo / hyper thyroidism
- Know about the national screening program for hypothyroidism
- Be aware of the causes and presentation of ambiguous genitalia

Skills

The candidate must

- Be able to examine the thyroid and assess thyroid status

f) Growth and development

Knowledge

The candidate must

- Understand normal growth and development, including puberty

- Know the causes of short stature or slow growth and the characteristics of these conditions (including Turner’s Syndrome)
- Know when short stature needs to be investigated and be able to discuss appropriate investigations and treatment
- Know the causes of early and delayed puberty
- Know common presentations associated with normal puberty (premature thelarche, adrenarche and menarche)

Skills

- The candidate must
- Be able to plot and interpret growth charts
- Be able to identify common clinical syndromes associated with short or tall stature

g) Gastroenterology and Hepatology

Knowledge

- The candidate must
- Know the causes of acute and chronic abdominal pain, and recognize when to refer, including urgency of referral
- Know the causes of vomiting at different ages (including gastro-oesophageal reflux) and be able to assess and manage
- Know the causes of acute and chronic diarrhoea and vomiting; able to assess and manage
- Be familiar with diagnosis and management of constipation
- Know the causes of neonatal and childhood jaundice and when to refer
- Know the common causes of upper and lower gastrointestinal bleeding
- Know the causes of the crying baby and the management of infantile colic
- Know the presenting features of congenital abnormalities including Trache-oesophageal fistula, malrotation, bowel atresias, Hirschsprungs disease, abdominal wall defect, diaphragmatic hernia

Skills

The candidate must

- Be able to examine the gastrointestinal system, interpret and discuss physical findings

h) Genetics and Dysmorphology

Knowledge

The candidate must

Understand the scientific basis of chromosomal disorders and inheritance

Know about the features of common chromosome disorders e.g. Down's, Turner's

Know the basis of prenatal screening and genetic counseling

Know what to do when the diagnosis of Down's syndrome is suspected at delivery or on the postnatal wards

Be aware of environmental factors which may affect pre-natal development, e.g. alcohol and drugs

Skills

The candidate must

Be able to identify common chromosomal syndromes e.g. Down's syndrome, Turner's syndrome

i) Haematology and Oncology

Knowledge

The candidate must

Have the knowledge to be able to assess and manage children with anaemia (iron deficiency, haemoglobinopathy and haemolytic anaemia)

Know the causes of bleeding, purpura and bruising, recognize features in the presentation which suggest serious pathology or child abuse

Be able to interpret commonly reported clotting studies

Be able to discuss the clinical manifestations of acute leukaemia, lymphoma, and solid tumours such as neuroblastoma and nephroblastoma

Be able to discuss urgency of referral in suspected malignancies

Skills

The candidate must

Be able to perform a general examination of children, interpret and discuss physical findings

j) Infection, Immunity and Allergy

Knowledge

The candidate must

Appreciate the occurrence of maternal to foetal transmission of infection and the clinical manifestations of these infections

Be aware of common infections of the foetus, newborn, and children in Britain and important worldwide infections, e.g. TB, HIV, hepatitis B, malaria, polio

Be able to recognize and follow agreed local or national guidelines on notification of communicable diseases

Be able to discuss the assessment and management of a febrile child

Understand nosocomial infections and the basic principles of infection control

Be able to recognize and discuss common exanthemata

Understand the principles and the rationale behind the national immunisation programme for children in Britain

Know the indications, contraindications and complications of routine childhood immunisations, be able to advise parents about immunisations

Be able to discuss common food allergies and management of anaphylaxis

Know the features of cow's milk protein intolerance and its management

Skills

The candidate must

Be able to recognise clinical features that suggest congenital infections

k) Metabolic Medicine

Knowledge

The candidate must

Demonstrate knowledge of Electrolyte & Acid-Base Balance, and interpret relevant investigations

Be aware of the common clinical presentations of metabolic disease

Know the routine neonatal screening using Guthrie card

Be aware of metabolic bone disease and its management

Skills

The candidate must

Be able to collate key clinical features that raise suspicion of metabolic disease

l) Musculoskeletal

Knowledge

The candidate must

Be able to discuss the causes of joint swelling, and initial management

Know the differential diagnosis of a limp

Be aware of serious causes of back pain

Be aware of normal variations of limb development e.g. Bow legs and knock knees, in-toeing, flat feet

Be aware of the presentation of growing pains and chronic fatigue syndrome

Be able to discuss causes of acute and chronic arthritis

Understand the disease associations of rheumatological conditions, in particular juvenile idiopathic arthritis and eye disease

Be aware of causes and presentation of joint laxity

Be aware of causes of scoliosis

Understand the clinical presentation, and management of nutritional rickets

Skills

The candidate must

Know how to perform a simple musculoskeletal examination, interpret and discuss physical findings

Be able to identify joint swelling

m) Neonatology

Knowledge

The candidate must

Know and understand the effects of antenatal and perinatal events on outcome

Be aware of the long-term sequelae of prematurity and impact on the family and community

Be able to recognize and outline the management of common disorders in the newborn

Understand the principles and importance of breast and newborn feeding & growth

Understand the support networks for families and babies from socially disadvantaged families

Know the range of screening tests used including universal Newborn Hearing Screening Programme

Know about the developmental dysplasia of the hip

Know the common minor congenital abnormalities

Understand physiological jaundice and breast milk jaundice and recognize early presentation of neonatal hepatitis and biliary atresia

Demonstrates early recognition and understands the importance of timely treatment in sepsis

Understand neonatal seizures or abnormal neurological status including the floppy baby

Know about neonatal resuscitation

Be aware of problems associated with prematurity

Skills

The candidate must

Be able to examine the newborn baby appropriately and with sensitivity and communicate with parents (unlikely to be tested in an examination)

Be able to examine hips for congenital dysplasia (unlikely to be tested in an examination)

n) Nephro-urology

Knowledge

The candidate must

Have the knowledge and understanding of the manifestations of renal diseases, acute and chronic

Demonstrate an understanding of manifestations and management of urinary tract infections in different age groups

Know the causes of haematuria and proteinuria, recognize features in the presentation which suggest serious or significant pathology (including nephrotic syndrome and acute nephritis)

Understand the principles of managing enuresis

Know when surgical referral is required for circumcision, impalpable testes and hypospadias

Skills

The candidate must

Be able to perform an abdominal examination for palpable kidneys

Be able to examine the genitalia appropriately and with sensitivity, assess and manage vulvovaginitis (unlikely to be tested in an examination)

o) Neurology and Neurodisability

Knowledge

The candidate must

Understand definition and concepts of disability and what this means for the child and family

Be familiar with the common causes of disability, disordered development and learning difficulties

Be able to take a neuro-developmental history

Know the causes of speech and language delay and know when to refer to a specialist

Be aware of local services/disability allowances

Understand the need for multidisciplinary team input in the care of the disabled child and be aware of the work of the child development team and centre

Understand the need to work with other services as required including education, social services, child protection, and respite care facilities

Be aware of how agencies work together to address how children with health and medical needs are managed at school

Be able to recognize presenting features of visual or hearing impairment, know when and how to refer for further assessment

Be aware of fits, faints and “funny turns” and know when to refer to a specialist

Be able to discuss common causes of headaches and head injury, including management

Know about antenatal diagnosis of neural tube defects

Understand the principles of common epileptic disorders including side effects of commonly used drugs.

Know the likely causes and management of meningitis/encephalitis and altered consciousness

Be aware of the common causes of hydrocephalus, macrocephaly and microcephaly.

Be aware of the presentation and types of muscular disease

Skills

The candidate must

Be able to perform a reliable assessment of neuro-developmental status at key stages, including the newborn period, the first year of life, nursery age and school entry

Know how to detect squint at an early age

Be able to examine the nervous system, including examination of cranial nerves, interpret and discuss physical findings.

p) Nutrition

Knowledge

The candidate must

Know the causes of malnutrition including organic and non-organic causes

Be able to discuss the causes and management of iron deficiency anaemia

Be able to recognize obesity and advise young people and their families about strategies to control or prevent weight gain

Understand the consequences of obesity on health and well-being in the short and long term

Understand the epidemiology and public health consequences of obesity

Skills

The candidate must

Be able to assess nutritional status

Be able to identify clinical syndromes associated with obesity

q) Ophthalmology

(Also refer to previous sections)

Knowledge

The candidate must

Know the common causes and management of red eye

Know the common causes of an absent red reflex, ptosis and proptosis and be aware of management options.

Know the causes types and initial management of squint

Know about the recognition and investigation of blindness particularly in infants

Skills

The candidate must

Examine the eye in babies and children for red reflex, squint, conjunctivitis

r) Paediatric Surgery

Knowledge

The candidate must

Be able to recognize and discuss management of acute surgical abdomen including acute scrotal pain

Be able to recognize and manage common surgical disorders of the abdomen and uro-genital tract

Skills

The candidate must

Recognise abdominal masses, inguino-scrotal swellings

Palliative care

Knowledge

The candidate must

Know about terminal care and bereavement counseling and be able to communicate sympathetically with children, young people and parents

Be aware about the local opportunities for respite care, including hospice availability

s) Pharmacology, Poisoning and Accidents

Knowledge

The candidate must

Know how to find out information necessary for safe prescribing through use of paediatric formularies and pharmacy liaison

Know the approved indications for prescribing drugs in common paediatric problems

Be aware of possible drug interactions and side effects when more than one drug is prescribed

Know about the licensing of medicines for paediatric patients and unlicensed and off-label use and legal aspects of prescribing for children

Understand the pharmacokinetic principles of prescribing in children with renal disease

Have some understanding of drug poisoning

Understand the epidemiology of childhood accidents

Skills

The candidate must

Be able to write legible, clear and complete prescription

Be able to make reliable and accurate calculations in order to be able to prescribe safely for babies, children and young people

t) Primary care

Knowledge

The candidate must

Know and understand normal variants in physical and personality features

Know red flags features requiring referral

Be aware of concerned parents and how to help them

Know the outline of development in school aged children particularly those of adolescents

Know the primary care management of common infections

u) Child Public Health

Knowledge

The candidate must

Know about national and local education and social services

Know about current government policies such as the children's act

Be aware of the causes of outbreaks of infection, its investigation and control

Know the role of health promotion programmes, for example, to prevent dental decay, smoking, accidents, obesity, sudden infant death, teenage pregnancy; be able to advise parents on avoiding risks for children

Skills

The candidate must

Be able to hold discussion around all the areas addressed under knowledge section

v) Respiratory medicine with ENT

Knowledge

The candidate must

Be able to discuss common causes and management of earache, ear discharge, otitis media and glue ear

Know the common causes and management of nose-bleeds, allergic rhinitis, sore throat

Be aware of obstructive sleep apnoea and its management

Be aware of the differential diagnosis of neck swellings

Be able to discuss the assessment and management of children with acute asthma and plan long term management (British Thoracic Society guidelines for management of asthma)

Be aware of the long term complications of medications used for asthma

Be able to discuss the causes of infective and allergic stridor and management of acute or recurrent stridor

Know and understand the pathophysiology of cystic fibrosis and understand the principles of treatment

Know the causes and management of common respiratory tract infections

Skills

The candidate must

Be able to examine the respiratory system, interpret and discuss physical findings

Be able to recognise an abnormal audiogram and tympanogram and discuss likely causes of abnormality

Be able to teach children and young people how to use a peak flow meter and diary

Be able to teach and assess inhaler technique and teach care of spacer

w) Safeguarding

Knowledge

The candidate must

Be aware of the different presentations of non accidental injury – physical, emotional, sexual, neglect and fabricated illness

Be able to discuss the socio-economic factors that predispose to NAI

Know what steps to be taken when NAI is suspected – understand the local referral pathway and key professionals who can help

Skills

The candidate must

Be able to discuss safeguarding and promotion of welfare

Annexure II

POSTGRADUATE INSTITUTE OF MEDICINE UNIVERSITY OF COLOMBO, SRI LANKA

BOARD OF STUDY IN PAEDIATRICS

PDCH-PROGRESS REPORT

Important Information

- 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

TRAINER'S DETAILS

Full name of trainer :

Qualifications :

Hospital :

E mail :

- Rating Scale**
- 1 - fall 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

	Medical Knowledge Demonstrates up-to-date knowledge required to manage patients
	Application of Medical Knowledge Shows ability to use the knowledge and other derived evidence based information
	Procedural Skills Demonstrates ability to perform practical/ technical procedures
	Interpersonal/ Communication Skills Demonstrates ability to communicate with patients and their families
	Responsibility Accepts responsibility for own actions and understands the limitations of own knowledge and experience
	Punctuality
	Problem Solving Skills Critically assesses information, identifies major issues, makes timely decisions and acts upon them
	Humanistic Qualities Demonstrates integrity and compassion in patient care
	Respect Shows personal commitment to honouring the choices and rights of other persons
	Moral and Ethical Behaviour Exhibits high standards of moral and ethical behavior towards patients and families
	Professional Attitudes and Behaviour Shows honesty at all times in their work, put patient welfare ahead of personal consideration
	Patient Management Shows wisdom in selecting treatment, adopt management to different circumstances
	Psychological Development Demonstrates ability to recognize and/ or respond to psychological aspects of illness

	<p>Relationships with Health Professionals Demonstrates ability to work well and efficiently in the health care team; values the experience of others</p>
	<p>Self-Assessment Accepts the limits of own competence and functions within own capabilities; seeks advice and assistance when appropriate; accepts criticism</p>
	<p>Continuing Education Shows a resourceful attitude towards continuing education to enhance quality of care</p>

SUMMARY

A. Are you satisfied with the overall performance of the trainee during the training period?

Please mention areas of strengths and weaknesses.

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

If yes, please indicate the periods and types of leave.

TRAINEE’S COMMENTS (if any)

 Trainee’s signature: _____ Date _____

 Trainer’s Signature _____ Date _____

Annexure III

Reading material (Books/Journals) and E-Resources

1. Nelson text book of paediatrics
2. Illustrated text book of paediatrics
3. Immunization Hand book - Epidemiology Unit
4. Circulars from Family Health Bureau nutrition and immunization programmes, ie; Micronutrient supplementation, School health programmes etc
5. Web sites – Epidemiology unit, Family health Bureau, WHO, UNICEF for statistics

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