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POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA

<u>Prospectus</u>

BOARD CERTIFICATION IN COMMUNITY PAEDIATRICS

(To be effective from the year 2015)

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1. Background and Justification/Introduction

The Board of Study in Paediatrics (BOSP) has trained Board Certified Specialists in General Paediatrics. The BOSP can now justifiably be proud of its achievements and of all, of its efforts towards providing Paediatric services in all areas of Sri Lanka.

Although General Paediatricians are able to provide optimal cover for the majority of clinical problems that come up in Paediatrics, several sub-specialties are incorporated into the current training programme to cater to certain well defined specialized areas.

The specialty of Community Child Health involves an understanding of the complex interplay between physical, social and environmental factors and human biology affecting the growth and development of all children and young people. Application of this knowledge advances the health and wellbeing of children, families and communities; whether well, ill, impaired or disabled.

Around 10% of the child population of Sri Lanka has some degree of mental or physical disability, developmental impairment, behaviorural problems chronic and complex conditions that need specialized care in the country. Therefore, there is an increasing demand for Community Child Health Clinical Services. Currently these problems are dealt with by General Paediatricians at institutional level. However, a Community Paediatrician will be able to use his or her training, experience and the infrastructure facilities available in the community to cater to these needy children in the community.

The domains of Community Child Health are,

- Child protection
- Child development
- Child behaviour
- Community based care and rehabilitation
- Child population health
- Environmental health
- Community management of chronic or persistent disorders

Ministry of Health has already approved Community Paediatrics as a sub-speciality in Paediatrics and agreed to provide cadre provisions.

2. Eligibility for entry into the training Programme

Applicants should have passed the MD Paediatrics Examination.

The candidates should not be already Board Certified in any other medical field or have already applied to be enrolled in the training programme in any other subspecialty.

3. Selection process

Training opportunities are offered according to the availability of training slots/units and trainers on the recommendation of the Board of Study in Paediatrics. Availability of training slots will depend on the Ministry of Health/University requirements. Allocation will be done strictly according to the merit order.

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 Community Paediatrics.
Each candidate would be allocated to a mentor appointed by the BOSP. He/she would guide the trainee throughout the training programme.

5. Outcomes, competencies & Learning objectives

5.1. Outcome

The trainee eligible for Board Certification in Community Paediatrics should have:

- Acquired a sound knowledge in assessment and management of infants, children and young people
  with developmental, learning, behavioral and emotional problems
  with disabilities
  with nutritional disorders
  Who are victims and those at risk of child abuse and neglect
  Who are in institutional care
  Who need multidisciplinary team-based approach to the diagnosis, care and management of their disorders
- Acquired a sound knowledge on
  problems related to adolescence
  disease screening and surveillance
  infectious disease control
  injury control
  health programme planning, evaluation, and research including the quantitative and qualitative measurement of health outcomes and wellbeing.
- Awareness of forces that act on the health of children such as family, educational, social, cultural, spiritual, economic, environmental and political.

- Developed skills in
  effective health service provision and management
  communication and team leadership
  liaising and referring within and across disciplines
  liaising with relevant government, non-government and private agencies
- Developed skills in
  child and adolescent health promotion and advocacy through education and information provision
  effective use of medicines
  managing preventive programmes and advocacy
- Acquired academic leadership through participation in teaching, training and research.
- Acquired the ability to
  critically appraise relevant literature
  evaluate the evidence based clinical interventions and population based health strategies
  undertake research
  demonstrate computer skills
  continuing medical and other professionally relevant education
- Acquired a sound knowledge on international and national documents, legislations and policies on the above mentioned key areas to be studied during the training and awareness about the services whichaffect the health of children, particularly those with additional needs.
- Commitment to continuous improvement of services and programmes with which the practitioner is involved.

6. Content areas and Curriculum

Details of the curriculum and the content areas are given in the ***annex I***

7. Structure of the Training Programme

7.1. Duration of Training

Total duration of training is 3 years.

Local training:12 months

Overseas training: 24 months

In a regional setting: 12 months

In a centre of excellence : 12 months

7.2. Clinical Training Programme (Local)

7.2.1. Overview: The selected trainee would be appointed to an approved local unit by the BOSP as a Senior Registrar, for a period of one year.
From this substantive appointment, the trainee would be sent to other approved training units for the local training programme. Some of these outreach appointments are full time while others are part time.

7.2.2. Learning Activities and Training Units for Local Training
The local training units and the training programme are listed below:-

Training centre	Duration	Training component	Learning activities
LRH	5 months	Neurology	Neurological basis for developmental disorders Working in liaison with rehabilitation units and schools when required Understand the long term medications
		Child and adolescent mental health	Attend and manage children in the multidisciplinary clinics for autism spectrum disorders, behavioural and emotional disorders, pervasive developmental disorders, learning disabilities, adolescent clinic, and substance abuse clinic. Objective assessment of children Team work with child psychologist, teacher, social worker etc. to identify conditions, arrive at conclusions and to design management plans Visit to the probation office and Ministry of Social Services to understanding the referral process and action plans
		Nutrition	Nutritional assessments Nutritional management of obesity and under nutrition
		Other specialties Endocrine, Nephrology, Oncology, Cardiology, Paediatric, surgery, Respiratory	Long term community care of children with chronic disorders, palliative and ambulatory care
		Rheumatology Rehabilitation medicine, Physiotherapy (PT),Occupational therapy (OT), Speech therapy (SLT)ENT, Ophthalmology Orthotics and prosthetics (O&P) Orthopaedics Oromaxillo facial (OMF) Child development clinic	<u>The appointment will be subdivided to get the following exposures</u> During these 06 weeks they are expected to attend clinics and ward rounds conducted at the rheumatology unit and other units relevant to rehabilitation i.e. Oro-maxillo-facial multidisciplinary clinic, ENT, eye clinic, Orthopaedic surgery, child development clinic Observations at OT. PT, SLT and O&P Understand team work, principles in multidisciplinary assessments, classification of conditions, pre and post treatment assessments and goal setting

Family Health Bureau	01 month	Child development and special needs programme,	Programme design, implementation and surveillance Ministry level: awareness of Government Policies Community level: MOH, Child development centre Special projects or programmes: Young, elderly and disability unit, Nutrition programme, IYCF, Epidemiology Unit Awareness on statistics
North Colombo Teaching Hospital and Disability Studies dept, Faculty of Medicine at Ragama	06 months	Developmental surveillance, Early intervention clinic, Multidisciplinary clinic, Feeding clinic Chronic GI problems: Constipation and inflammatory bowel diseases Audiology services	**Disability Studies Department, Faculty of Medicine, Ragama** Normal child development Developmental assessments: formal and informal Conducting formal assessments in children with developmental delay, cerebral palsy, autism and learning disorders. Networking with multi sectorial service providers Writing reports to schools and other services Conducting multidisciplinary clinics and teamwork Visiting speech and language therapy and audiology clinics Learning about chronic GI problems, feeding disorders and management in the community
		Educational settings: Special and inclusive class rooms	Visiting schools for observations, assessments and working together with the team to prepare individual education plans.
		Child protection Chief JMO, Colombo NCPA Probation and child care Department of Sociology in a recognized University.	**Professorial Unit, North Colombo Teaching Hospital** Child abuse: Documentation, Case conference, follow up, video and other evidence collection, multidisciplinary care, follow up and rehabilitation Medico-legal examination of sexual and other forms of abuse Liaison with Police and Attorney General's Department Vulnerable children: street children and children in the prison, certified schools, detention centres, remand homes, children in conflicts and disasters Child adoption and foster care

7.3. Clinical Training Programme (Overseas Training)

The foreign training component should be in a centre/s of excellence abroad.

The main objective of this training is to expose the trainee to and, acquire new skills and to fine-tune the training achieved during local training. This should include the use of facilities for assessment and follow-up of patients, including ambulatory care.

During this period the trainee is expected to master all aspects of community Paediatric care with the intention of applying the knowledge and skills so learned to the local setting in the most suitable manner on his/her return to Sri Lanka

The selected training centre/s has to be approved by the BOSP. The trainee is expected to apply and secure suitable positions for training.

7.4. Research Project

Successful completion and presentation of a research project, directly relevant to Community Paediatrics 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.

Relevant ethics clearance, and in the case of clinical trials, registration with a Clinical Trials Registry must be obtained prior to commencement of the study. The trainee is required to nominate a primary supervisor for the project, usually the trainee's current trainer. **Generic guidance to supervisors is provided in Annexure 6.**

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

The project, once completed, should be submitted as a completed research report along with a softcopy and evidence of publication or oral/poster presentation to be assessed and approved by the BOSPAcceptance of the research project by the BOS may be based on fulfillment of either of the following:

1. Publication of the research findings as an original full paper (not case reports) in a peer-reviewed journal (preferably indexed) with the trainee as first author. No further evaluation is required on the premise that a paper which is already peer-reviewed.
2. Submission of a detailed project report to the BOS. A generic format for such project reports is shown in Annexure 7.
3. This should be evaluated by 2 assessors nominated by the BOS, and marked as either satisfactory, or unsatisfactory.
    a. If the project is considered unsatisfactory by both assessors, the trainee will be requested to revise and resubmit, with written feedback on the required revisions. If the project report is still unsatisfactory, the trainee may, at the discretion of the BOS, be asked to extend the same research project or undertake a new research project which will have to go through the same procedure of approval as the initial project.
    b. If there is disagreement between the two assessors, with only one assessor's decision being 'unsatisfactory', the project report should be sent to a third assessor for a final decision.
    c. Presentation of the research findings at a recognized scientific congress, either local or international, as oral or poster presentation, with a published abstract, with the trainee as first author, should be given credit during the assessment process.

Once the research report is accepted by the BOS, the trainee should be encouraged to submit the research findings to a suitable conference or journal, if not already done.

8. Learning Activities and Learner Support System

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

- Acute settings
- Community settings
- Patient oriented discussions
- 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, community settings, 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 need to be held.

The current panel of Board Approved Trainers who are Board Certified consultants with MD or those with foreign qualifications and are eligible for Privileges of Board Certification with employment in the Ministry of Health or the Universities would carry out the training locally. Foreign training would be carried out by recognized consultants in centres of excellence.

10. Monitoring of progress

10.1. Progress Reports

Each completed section of the training programme should be followed by the 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 trainer and make sure that the reports are received by the PGIM in time. This includes local as well as foreign training.

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

Refer Annex II for progress reports

10.2. In Service Training Assessment during local training

The trainee is expected to complete the following assessments during the local training programme

1. Multisource Feedback (MSF)
2. Directly Observed Practical Skills (DOPS)
3. Case Based Discussions (CBD)-12 minutes per CBD
4. Mini Clinical Evaluation (MCE)
5. Discharge Summaries & Referral Letters (DSRL)
6. Evaluation of Teaching Skills- (ETS)
7. Communication Skills (CS)

Refer *Annex III* for assessment forms

Training centre	Training component	Learning activities	In Service Assessment
LRH	Child and adolescent mental health	Multidisciplinary clinics for autism spectrum disorder, behavioural and emotional disorders, pervasive developmental disorder, learning disabilities, adolescent clinic, substance abuse clinic. Visit to the probation office and Ministry of Social Services	**DOPS 4:** Learning assessment, IQ, ASD, ADHD, functioning within the multidisciplinary team **CBD 4:** ASD, ED, Adolescent, beahvioural disorder **CS 3:** breaking news, explaining care plan and outcome, communication with team members **MCE 4:**Retts, ADHD, Autism, Tic disorders **MSF 2:** from members of the multidisciplinary team. **ATS 1:** teaching other staff and families **DSRL 4:** health and other services
	Neurology	Epilepsy and related conditions, acquired and congenital neuro muscular disabilities	**DOPS 2:** neurological examination, medical interventions i.e. Botulinum toxin injections, **CBD 4**, **MCE 4, MSF 1, CS 1**, **DSRL 1**
	Nutrition	Nutritional assessment, dietary assessment and communication with dietician, obesity and under nutrition	**CBD 2, MCE 2, DOPS 2, CS 2, TS 2, MSF1, DSRL 1**

	Other specialties Endocrine, Nephrology, Oncology, Cardiology, Paediatric surgery, Respiratory	Long term community care of children with chronic disorders, palliative and ambulatory care	**CBD 2** **DSLR 2** **CS 1** **MSF1**
	Rheumatology Rehabilitation medicine, Physiotherapy (PT), Occupational therapy (OT), Speech therapy (SLT) ENT, Ophthalmology Orthotics and prosthetics (O&P) Orthopaedics Oromaxillo facial (OMF) Child development clinic	4 clinic visits each to the OMF multidisciplinary clinic, ENT and eye clinic Rheumatology 8 clinic visits and ward rounds 2 clinic visits Orthopaedic surgery Observations at OT. PT, SLT and O&P 4 clinic visits Child Development Clinic	**CBD 4** **MCE 2** **MSF 2** **DOPS 6** Classification of Cerebral Palsy, PT, OT, SLT assessment and outcome measurements, Hearing and visual assessments **CS 2** **MSF 2** **DSRL2**
Family Health Bureau	Child development and special needs programme,	Programme design, implementation and surveillance Ministry level: awareness of Government Policies Community level: MOH, Child development centre Special projects or programmes: Young, elderly and disability unit, Nutrition programme, IYCF, Epidemiology Unit	**DOPS 2**: Critically analyzing a policy document, planning an intervention programme **CS 2** **MSF 2**
Disability Studies Unit, Faculty of Medicine, Ragama	Developmental surveillance, Early intervention clinic, Multidisciplinary clinic, Feeding clinic Chronic GI problems: Constipation and inflammatory bowel diseases Audiology services		**CBD 4** **MCE 4** **MSF 2** **DOPS 6** Developmental assessment, Diagnostic tools, Classification systems, outcome measures, **CS 4, TS 1, DSRL 4**

	Educational settings: Special and inclusive		**MSF: 2** **DSRL: 2** **CS:1**
Professorial Unit, North Colombo Teaching Hospital	Child protection Chief JMO, Colombo NCPA Probation and child care Department of Sociology in a recognized University.	Child abuse: Documentation, Case conference, follow up, video and other evidence collection, multidisciplinary care, follow up and rehabilitation Medico-legal examination of sexual and other forms of abuse Liaison with Police and Attorney General's Department Vulnerable children: street children and children in the prison, certified schools, detention centres, remand homes, children in conflicts and disasters Child adoption and foster care	**MCE: 4** **CBD: 4** **DOPS: 4**; Medico legal reports and examination forms, Medico legal examination, case conference, **MSF: 2** **CS: 2** **ATS: 1** **DSRL: 4**

10.3. Authentication of learning activities

The trainee should provide proof of completion of all learning activities of the trainin 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 a publication of the Research Project/s
2. Satisfactory progress reports of local and overseas training
3. Satisfactorily completed PTR forms

12. Format of Pre Board Certification Assessment (PBCA)

<u>Assessment tool - Portfolio</u>

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 contain 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

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 6 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 Community Paediatrics 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

1. A Clinical Handbook on Child Development Paediatrics. Sandra Johnson. Churchill Livingstone, Australia. 2012.
2. The essential 5; a practical guide to raising children with autism. Colette de Bruin. Graviant educative utigaven, Netherlands, 2012.
3. Cerebral Palsy, a complete guide to caregiving. Freeman Miller, Steven J. Bachrach. 2nd Edition, John Hopkins University Press, USA. 2006.
4. Measures for children with developmental disabilities. An ICF- CY approach. (Clinics in Developmental Medicine. No. 194-195) Edited by Annette Majnemer. Mac Keith Press. 2012.
5. Children with school problems, a physician's manual. Debra Andrews and Willian Mahoney. 2nd Edition. Wiley, Canada. 2012.
6. Disabled children and developing countries. (Clinics in Developmental Medicine no. 136) Edited by Pam Zinkin and Helen McConachie. Mac Keith Press; 1995.

15. Contributors to Development of Prospectus

Many members of the Board of Study in Paediatrics have contributed extensively of their time and professional expertise in the design and development of this curriculum document.

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

Prof. Manouri Senanayake, Prof. Deepthi Samarage, Dr. Rasika Gunapala, Dr. Samanmali Sumanasena,

Annexure I - Training content and Curriculum

Population Paediatrics	1. Screening and Surveillance 2. Immunization and communicable Disease control 3. Health Protection/Promotion/Education and prevention of NCD 4. Epidimiology 5. Public Health Needs Assessment.
Social Paediatrics	1. Disadvantaged Child (at risk) 2. Child Protection 3. Adoption and Fostering
Developmental Paediatrics	1. Normal Child development (early childhood ,school age & adolescent) 2. Developmental assessment-Rapid and detailed including Screening tools- ,Checklists, Scoring, 3. Developmental delay 4. Disordered development (eg:PDD,ADHD, ASD) 5. Developmental therapy-Multidisciplinary and specialized regimes, team building, team work, case conferences 6. Learning impairment-IQ assessment 7. Physical impairments (a) a.Acquired Disability (b) Visual impairment (c) Hearing impairment (d) Problem with continence (e) Problems with movement and co-ordination (f) Loss of skills 8. Communication and language impairment
Behavioral Paediatrics	1. Behavioural Impairment (Recognition of normal and abnormal behaviour in different age groups) 2. Palliative Care- Oncology 3. Mental State Examination 4. Child Psychology and associated problems 5. (Psychosomatic disorders, Conduct disorders)

A. POPULATION PAEDIATRICS

1. Screening and Surveillance

Basic Knowledge

(i) Understand principles of screening.
(ii) Understand surveillance
(iii) Methods of evaluation of screening and screening programmes.
(iv) Child Health Development Record

2. Immunization & Communicable Disease Control

Basic Knowledge

(i) knowledge onnational policy
(ii) knowledge of infectious diseases that are controlled by immunization
(iii) Detailed knowledge of all childhood immunizations
(iv) Awareness of groups who do not agree with immunizations and their reasons
(v) Surveillance of infectious disease
(vi) Principles of outbreak: investigation and control

3. Health Protection/Promotion/Education and prevention of NCD

Basic Knowledge

(i) Knowledge of principles of health promotion ,protection and role of FHB andHEB
(i) How to plan a health promotion initiative.
(ii) Awareness of local and national health promotion initiatives and community development.
(iii) Awareness of programmes for high risk groups
(iv) Knowledge of health promotion and education in relation to injury prevention
(v) Basic sociology & Psychology relation to children
(vi) Confidentiality (consent)
(vii) Knowledge ,assessment , prevention and treatment of malnutrition
(viii) Knowledge, assessment and prevention of NCD

4. Epidemiology

Basic Knowledge

(i) Study design - strengths and weaknesses of different types of studies
(ii) Control for bias and confounding
(iii) Statistical analysis
(iv) Sources of data and information handling including child health

5. Public Health Needs Assessment

(i) Population statistics & measures of disease occurrence. Demography.
(ii) Assessment of population health needs
(iii) Effectiveness and health economics of service provision

(iv) Critical appraisal: setting the question finding the evidence evaluating published work applicability presenting the findings
(v) Ability to use analytical software

B. SOCIAL PAEDIATRICS

1. The Disadvantaged Child

Basic Knowledge

(i) Effect of family composition on child health
(ii) Effect of housing, economic status, unemployment and stress on child health
(iii) Knowledge of housing policy and local authority services, including education
(iv) Know how to access benefit scheme and allowances
(v) Knowledge of the different needs of urban and rural populations
(vi) Effect of culture, religion and ethnic background on child health including any special health issues for ethnic groups
(vii) Understand effects of early vs late and short vs long term disadvantage
(viii) Understand strategies to prevent and respond to disadvantage
(ix) Knowledge of the agencies and services involved to obtain social support
(x) Displaced and Refugee health
(xi) Knowledge of voluntary groups/organizations etc.
(xii) Advocacy - how to influencethe political process

2. Child Protection

In-depth Knowledge

(i) Know and understand various forms of child abuse
(ii) To be fully aware of various predisposing factors associated with abuse
(iii) Understanding of changes in approach to child protection
(iv) Knowledge of forensic medicine in particular related to sexual abuse
(v) Knowledge of sexually transmitted diseases, investigation and treatment
(vi) Knowledge of the role of covert video surveillance
(vii) Working understanding of child care law and Children Act.
(viii) Knowledge of Child Protection co-ordination role
(ix) Organizing and conducting a case conference.
(x) Multi agency approach to child protection works and roles of the agencies involved
(xi) Consequences of child abuse strategies and agencies available to help children and families cope with child abuse
(xii) Outcome for abused children , including rehabilitation
(xiii) Understanding of role of designated health professional

3. Adoption and Fostering

Basic Knowledge in-depth knowledge

(i) Experience of the preparation and support of prospective adoptive parents and foster care givers.

(ii) Assessment of implications of medical issues in prospective adoptive applicants.

(iii) Understanding of the role of community paediatricians in assessment of physical developmental and emotional needs of children looked after away from home.

(iv) Understanding of the ways of recording health and developmental needs; legal requirements of adoption and fostering.

(v) Understanding of the common emotional and behavioral issues children looked after away from home.

(vi) Capacity to respond to secure placement.

(vii) Preparation and support of foster care givers

C. DEVELOPMENTAL PAEDIATRICS

1. General Principles

In depth knowledge

(i) Developmental theories

Good knowledge and experience of normal patterns of development and variants

(ii) Developmental surveillance

Awareness of the possible associated medical problems such as feeding difficulties and failure to thrive, constipation, orthopaedic and behavior problems

(iii) Knowledge of the role and management of the available services, agencies and the voluntary sector

(iv) Roles of professions involved with children with disablingconditions including: -

- Physiotherapy (various approaches used)
- Occupational therapy
- Speech and language therapy
-Clinical and educational psychologist
- Orthoptist and ophthalmologist
- Orthopaedic-Prosthetics and orthotics
- Audiologist
- ENT
- Social services
- Parent support groups/self-help groups
- Respite care facilities
- Other voluntary agencies

(v) Knowledge and understanding of multi agency assessment and the different approaches and models used

(vi) Knowledge and understanding of the different political and ethical issues involved in the care of children with disabling conditions. Parent's views and children's views of needs and services.

(vii) Incidence/prevalence of disability

(viii) Working knowledge and understanding of the Education Act and Children Act

(ix) Knowledge and understanding of rehabilitation medicine including aids and appliances

(x) Knowledge of educational strategies, including special education needs, special schools; types, approaches and policies; roles of teachers and some knowledge of theories and methods of teaching

(xi) Awareness of adolescent and young adult services, mechanisms of transfer of care, Care Plans

(xii) Effect of disability on family functioning

2. Learning impairment

<u>Basic Knowledge</u>

<u>2 . (a)General Learning difficulty</u>

(i) Influence of sensory impairment to learning- Visual and hearing.

<u>(b) Specific Learning Disabilities</u>

(ii) Dyslexia-reading, writing, numeracy etc.
- genetics
- assessment scales
- explanation to parents/ teacher
- associated problems e.g. self esteem
- local resources

(iii) able to assess conditions such as cognitive impairment, autism, behavioural problems and discuss this with their teachers and parents and advise on management

(iv) Awareness of acquired language disorders

3. (a) Physical impairment

Basic *Knowledge*

-Normal development and assessment

Problems affecting motor development

- normal variations, rollers shuffles
- prematurity
- abnormal patterns
- severe visual impairment

Cerebral Palsy ,Regression syndromes, Neuromuscular disorders

- early diagnosis
- aetiology
- classifications
- assess severity and function
- assessment of other function e.g. vision/cognition in a child with CP
- rational investigation assessment and management of deformity
- knowledge of associated medical problems
- seating/mobility aids
- communication aids
- local services, voluntary groups
- gait analysis

(b). Problems with co-ordination

Basic Knowledge

The Clumsy Child

- understand possible aetiologies
- awareness of associated problems
- principles of assessment – sensory, integrative, and motor disturbance
- understand principles of management
- natural history

The Ataxic Child

- differential diagnosis static, progressive and intermittent disorders
- rational investigation
- management of individual disorders

4. Loss of skills

Basic Knowledge

Motor

see movement disorders

see ataxic disorders

Cognitive

(i) Metabolic conditions- Biochemistry/genetics investigations biochemical investigations
(ii) Autism, Retts syndrome - identification and assessment
(iii) Psychosis/depression - recognition and principles of management
(iv) Abuse presenting as regression
(v) Illness behaviuor& chronic fatigue syndrome

5. Communication and language impairment.

Basic Knowledge

Language Delay

- Common causes
- Assessment differentiation and articulation problems
- Associated problems
- Differentiation from more complex disorders

Language Disorder

- Common causes
- Assessment differentiation
- Be able to take a skilled history of communication and language development
- Associated problems
- Differentiation from more complex disorders
- Know how autism and language problems affect development and be able to discuss this with their teachers and parents and advise on management including behaviour.
- Awareness of acquired language disorder such as Landau-Klefner or other epilepsy associated problem.

Autistic Spectrum Disorder

-Aetiology, assessment and management strategies

6. Acquired Disability

Basic Knowledge

- common causes
- accidents -traumatic brain injury
- CNS tumours
- encephalopathies
- strokes

7. Visual impairment

Basic Knowledge

i. Understand anatomy, physiology and principles of assessment of visual function
ii. Develop competence in the identification of visual disorders:

a. Understand the red reflex
b. following responses
c. cover test
d. acuity tests

iii. differences between cortico visual impairment and ocular visual impairment
iv. Develop competence in assessment of visual disorders referred from screening/
v. surveillance programmes
vi. Understand the principles of management for reduced visual acuity and squint.
vii. vi) Understand management and appropriate investigation for cataracts, a mass behind the
viii. lens and tumours of the visual pathway
ix. Understand the development of the severely visual impaired child & treatments/therapies used.
x. Understand effect on social motor & communication development
xi. Understand colour defects – their recognition and effects on learning and career counseling
xii. Understand the unique problems of the hearing and visual impaired child

8. Hearing impairment

Basic Knowledge

i. Knowledge of acoustics and principles of testing/ assessment
ii. Be competent to identify infants at risk of hearing problems. Parental questionnaires, distraction test, co- operative test, sweep test
iii. Be able to assess children referred from screening/ surveillance programmes and be able to interpret reports and refer if necessary.
iv. Understand principles of assessment and management of neurosensory hearing impairment
   - investigation
   - oto acoustic emissions,
   ABR, BSERs
   - hearing aids
   - Communication aids
   - role of speech therapy
   - genetics
   - cochlear implants
v. Understand principles of assessment, management of middle ear disease
   - natural history
   - tympanogram
   - medical approach
   - surgical approach
   - alternative therapies

vi. Knowledge of secondary effects of hearing impairment on behaviour and language
vii. Knowledge and understanding hearing impairment in children with multiple disabilities.
 - principles of assessment and management
viii. Understand relationships of health/social/educational voluntary sector organizations for hearing impaired people

9. Problems with continence

Basic Knowledge

i. Know anatomy/physiology of bowel and bladder systems
ii. Understand stages of normal development
iii. Appropriately investigate and manage enuresis and encopresis

D. BEHAVIOURAL PAEDIATRICS

1. Basic Knowledge

i. Continuum of disturbance and methods of supporting parents and encouraging change in behaviour
ii. Know the roles of the members of the child and family counseling team.
iii. Know how to judge whether referral to child psychiatry / psychology services is appropriate/well timed
iv. Know what other health service resources are available to the families
v. Know how to apply a child psychiatry perspective to normal as well as abnormal illness behaviour as encountered in all aspects of child health
vi. Understanding of concept of therapeutic interventions used and perspectives in child psychiatry, psychology and psychiatric work, and an understanding of and use of the language of these disciplines
vii. Understand use of behaviour questionnaires
viii. Understanding of normal patterns of behavioural/ emotional development
ix. Knowledge and understanding of common behavioural / emotional problems and their management
x. Knowledge and understanding of drug and alcohol abuse
xi. Knowledge of the effects of stress at different ages and recognition of abnormal stress at different ages and recognition of abnormal patterns
xii. Knowledge of normal and abnormal reactions to stress, bereavement, chronic illness and death

2. SKILL DEVELOPMENT

a. COMMON CLINICAL SKILLS

Skills

i. Listening skills
ii. Establishing of rapport
iii. Communication skills

iv. Talking to children of different ages. Talking to the shy, embarrassed, frightened or
v. defiant child.
vi. Recognition of stress
vii. Record keeping
viii. Problem solving
ix. Rational investigation
x. Family empowerment
xi. Breaking sensitive news
xii. Consent
xiii. Confidentiality
xiv. Importance of interagency communication and co-operation in all areas of community child health.

b. COMMON TECHNICAL SKILLS

Skills

i. Intravenous cannulation
ii. Tracheal intubation
iii. Vene puncture
iv. Capillary sampling
v. X-ray interpretation
vi. Interpretation of common laboratory results
vii. BP measurement
viii. Coping with emergencies
ix. Pain relief
x. Performing immunization
xi. Techniques to examine children suspected of having been abused.

c. MANAGEMENT SKILLS

Skills

i. Time management
ii. Chairing meetings
iii. Team work/team building
iv. Managing a budget
v. Appraisal/Intermittent progress report(IPR)
vi. Information technology
vii. Health information
viii. Working with the media
ix. Health Economics
x. Service planning/evaluation
xi. Community based rehabilitation

d. RESEARCH/ AUDIT/ SERVICE EVALUATION SKILLS

<u>Skills</u>

i. Study design
ii. Statistical methods
iii. Evaluation of published work
iv. Presentation skills
v. Literature search
vi. Clinical Audit
   - Selection of topics
   - Guidelines
   - Audit cycles
   - Patient involvement

vii. Writing Papers
viii. Quantitative and qualitative research methodologies.

e. TEACHING/LEARNING SKILLS

<u>Skills</u>

i. Learning styles
ii. Large and small group teaching
iii. Use of audio visual aids
iv. Appreciation of computer assisted learning packages

3. <u>UNDERSTANDING OF SRI LANKAN SERVICES</u>

1. Healthcare services <u>Knowledge</u>

   i. organization of the Sri Lankan Health System and management structure – National, Provincial units – models and examples of different management structures

2. Non-health care services

<u>Basic Knowledge</u>

i. Local authority services
   a. Education
   b. Social Services
   c. Housing
   d. Environmental health

ii. Child care services - child minders, nurseries and respite care
iii. Benefits and entitlements
iv. Voluntary sector, knowledge of groups and roles, sources of information – local and national
v. Mechanisms of joint planning and working

4.-Specific Clinical, Technical And Management Skills

i. How to take a detailed well focused history including development, social,family and psychiatric.
ii. How to elicit painful information efficiently and sensitively
iii. How to carry out a mental state examination
iv. Establish rapport under difficult circumstances
v. How to use and understand non-verbal communication
vi. How to use crayons, paints, toys, plasticine and tapping imagination as means of
vii. communication
viii. Interpretation of play drawings etc.
ix. How to interview groups of more than three (dynamics)
x. How to be sensitive to opportunities for therapeutic intervention during history taking
xi. Present interview in comprehensible and meaningful ways to colleagues, families and patients.
xii. Basic skills in supportive psychotherapy, cognitive therapy, behaviour therapy, play and family therapy
xiii. Skills in managing difficult interviews, breaking bad news, angry parents
xiv. Assessment of self-esteem& management of bullying
xv. Institutional/Community strategies to prevent behavioural problems
xvi. Violence prevention strategies
xvii. Competency in development assessment tool, such as Bayle's, Griffith etc.
xviii. Assessments in tone, gross motor function, communication and fine motor assessments in detail: i.e. GMFCS, MACS, GMFM
xix. Writing a report on child development and individual work plan.
xx. Conducting a case conference.
xxi. Preparation of reports for court.
xxii. Disaster management plan

Annexure II - Progress Report

POSTGRADUATE INSTITUTE OF MEDICINE

UNIVERSITY OF COLOMBO, SRI LANKA

BOARD OF STUDY IN PAEDIATRICS

MD COMMUNITY PAEDIATRIC

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 :

ASSESSMENT OF THE CURRENT PERIOD OF TRAINING

Please rate the trainee's performance for each topic area by placing a rating of 1-5 (or N/A) in the box next to each topic area

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

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	
Clinical Judgment Demonstrates ability to integrate cognitive and clinical skills, and consider alternatives in making diagnostic and therapeutic decisions	
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 behaviour 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	
Medical Care Effectively manages patients through integration of skills resulting in comprehensive high quality care	
Research Methodology Understands scientific methodology; participate in research studies by formulating and testing hypothesis and analysing the results	
Quality Assurance Demonstrates ability to initiate and evaluate Quality Assurance programmes	
Record Keeping Maintains complete and orderly records and up-to-date progress notes	
Discharge/ Planning Summaries Ensues that all problems are explained prior to discharge from hospital; prepare concise and prompt discharge summaries	
Reports Complete succinct and accurate reports without delay; communicates with referring practitioner for continuing care	
Relationships with Medical Staff Maintains the respect of his/ her colleagues	

Relationships with Health Professionals Demonstrates ability to work well and efficiently in the health care team; values the experience of others	
Relationships with Clerical Staff Relates easily to members of staff; maintains team spirit and encourages cooperation	
Organization Skills Demonstrates ability to plan, coordinate and complete administrative tasks associated with medical care	
Self-Assessment Accepts the limits of own competence and functions within own capabilities; seeks advice and assistance when appropriate; accepts criticism	
Continuing Education 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:-

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

Annexure III - In Service Training Assessment forms

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT
MD COMMUNITY PAEDIATRIC

Case Based Discussion (CBD) – Child Protection

Trainee's name							
Date of assessment (dd/mm/yyyy)							
Training Centre							
Year of training:	**1**	**2**	**3**	**4**			
Clinical setting	Child Protection						
Clinical problem	**Child abuse**		**Street Child**				
	At risk child		**Other**				
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 years old developmental delay)

Please grade the below areas using the given scale:

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							

****Overall performance**	**Unsafe**	**Below Expectation**	**Borderline**	**Meets Expectation**	**Above Expectation**	**Well above Expectation**

**** 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

____

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT
MD COMMUNITY PAEDIATRIC

Case Based Discussion (CBD) – Child Development and Disability

Trainee's name					
Date of assessment (dd/mm/yyyy)					
Training Centre					
Year of training:	1	2	3	4	
Clinical setting	Child Development and disability				
Clinical problem	**Normal development**		**Developmental surveillance**		
	Cerebral Palsy		**Development delay**		
	Learning Disorder		**Other**		
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 years old developmental delay)

Please grade the below areas using the given scale:

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							

****Overall performance**	**Unsafe**	**Below Expectation**	**Borderline**	**Meets Expectation**	**Above Expectation**	**Well above Expectation**

**** 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

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT
MD COMMUNITY PAEDIATRIC

Case Based Discussion (CBD) – Rheumatology and Rehabilitation

Trainee's name					
Date of assessment (dd/mm/yyyy)					
Training Centre					
Year of training:	1	2	3	4	
Clinical setting	Rheumatology and Rehabilitation				
Clinical problem	Inflammatory disease		Spinal disorder		
	Cerebral palsy		Neuromuscular disorder		
	Other				
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 years old developmental delay)

Please grade the below areas using the given scale:

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							

****Overall performance**	**Unsafe**	**Below Expectation**	**Borderline**	**Meets Expectation**	**Above Expectation**	**Well above Expectation**

**** 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

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POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT
MD COMMUNITY PAEDIATRIC

Case Based Discussion (CBD) – Neurology

Trainee's name					
Date of assessment (dd/mm/yyyy)					
Training Centre					
Year of training:	1	2	3	4	
Clinical setting	Neurology				
Clinical problem	Epilepsy		Neuromuscular disorder		
	Developmental regression		Other		
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 years old developmental delay)

Please grade the below areas using the given scale:

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							

****Overall performance**	**Unsafe**	**Below Expectation**	**Borderline**	**Meets Expectation**	**Above Expectation**	**Well above Expectation**

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

Areas of strengths/weaknesses	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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POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT
MD COMMUNITY PAEDIATRIC

Case Based Discussion (CBD) – Child and adolescent mental health

<table>
<tr><td>Trainee's name</td><td colspan="5"></td></tr>
<tr><td>Date of assessment
(dd/mm/yyyy)</td><td></td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>Training Centre</td><td colspan="5"></td></tr>
<tr><td>Year of training:</td><td>1</td><td>2</td><td>3</td><td>4</td><td></td></tr>
<tr><td rowspan="2">Clinical setting</td><td colspan="5">Child and adolescent mental health</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td rowspan="3">Clinical problem</td><td>ASD</td><td></td><td>Behavioral disorder</td><td></td><td></td></tr>
<tr><td>Emotional Disorder</td><td></td><td>Emergency</td><td></td><td></td></tr>
<tr><td>Adolescent mental Health</td><td></td><td>Other</td><td></td><td></td></tr>
<tr><td rowspan="2">Focus of Clinical Encounter</td><td>History</td><td>Examination</td><td>Diagnosis</td><td>Management</td><td>Discussion</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Other (Please specify)</td><td colspan="5"></td></tr>
</table>

Please insert a brief clinical summary of the case below (e.g. 3 years old developmental delay)

Please grade the below areas using the given scale:

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							

****Overall performance**	**Unsafe**	**Below Expectation**	**Borderline**	**Meets Expectation**	**Above Expectation**	**Well above Expectation**

**** 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

____

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT
MD COMMUNITY PAEDIATRIC

ASSESSMENT OF TEACHING SKILLS

Trainee's name :					
Date of assessment (dd/mm/yyyy) :					
Training Centre :					
Year of training: :	1	2	3	4	
Clinical setting :	Child protection		Child and adolescent mental		
	Child development and disability		Nutrition		
	Rheumatology and Rehabilitation		Other		
	Neurology				
Other (Please specify)					

Please insert a brief summary of the teaching skill assessed

Please grade the below areas using the given scale:

Please grade the below areas using the given scale:

	Not applicable	Below Expectations	Borderline	Meets expectations	Above Expectations	Well above expectations	Unable to comment
	F	**E**	**D**	**C**	**B**	**A**	
Clarity and Organization (all sessions)							
Presents material in a logical sequence							
Summarizes major points of lesson							
Method of communication medium							
Demonstration of physical signs							
Effective communication							
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							
Interaction with students							
Information up-to-date							
Demonstrates advanced preparation for teaching sessions							

**Overall performance	Below Expectation	Borderline	Meets Expectation	Above Expectation	Well above Expectation

**** Mandatory for the trainer to complete**

Areas of strength	Suggestion for development
Action agreed upon	

Assessor's position : Consultant ☐ Senior Registrar ☐

Assessor's signature : ______________ Assessor's Name : ______________

Trainee's comments :

Trainee's signature :

____

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT
MD COMMUNITY PAEDIATRIC

COMMUNICATION SKILLS

Trainee's name :						
Date of assessment : (dd/mm/yyyy)						
Training Centre :						
Year of training: :	1	2	3	4		
Clinical setting :	Child protection		Child and adolescent mental health			
	Child development and disability		Nutrition			
	Rheumatology and rehabilitation		Other			
	Neurology					
Other (Please specify)						

Please insert a brief summary of the communication scenario assessed

Please grade the below areas using the given scale:

	Not applicable	Below Expectations	Borderline	Meets Expectations	Above Expectations	Well above Expectations	Unable to comment
	F	E	D	C	B	A	
Conduct of Interview							
Introduction, clarifies role							
Rapport							
Empathy and respect							
Appropriate explanation and negotiation							
Clear explanation, no jargon							
Assessment prior knowledge of patient							
Appropriate questioning style							
Explores and responds to							
concerns and feelings							
Summarises and checks understanding							
Offer support and plan the management							
Time for questions							
Accuracy of information given							
Appropriate selection of information							
Accuracy of information							

****Overall performance**	**Below Expectation**	**Borderline**	**Meets Expectation**	**Above Expectation**	**Well above Expectation**

**** Mandatory for the trainer to complete**

Areas of strength	Suggestion for development
Action agreed upon	

Assessor's position : Consultant ☐ Senior Registrar ☐

Assessor's signature : ____________ Assessor's Name : ....

Trainee's comments :

Trainee's signature :

....

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT
MD COMMUNITY PAEDIATRIC

DIRECTLY OBSERVED PROCEDURAL SKILLS (DOPS)

Trainee's name :				
Date of assessment (dd/mm/yyyy) :				
Training Centre :				
Year of training: :	1	2	3	4

Clinical setting :	Child protection		Child and adolescent mental	
	Child development and disability		Nutrition	
	Rheumatology and Rehabilitation		Other	
	Neurology			
Other (Please specify)				

Please insert a brief summary of the procedure observed

Please grade the below areas using the given scale:

	In appropriate	Below Expectations	Borderline	Meets Expectations	Above Expectations	Well above Expectations	Unable to comment
	F	**E**	**D**	**C**	**B**	**A**	
Demonstrates understanding of indications for specific assessment/ relevant formats							
Obtains informed consent (When relevant)							
Demonstrate appropriate preparation pre-procedure							
Appropriate instructions/ Questions							
Extract relevant information							
Shows appropriate mood to the situation							
Seeks help where appropriate							
Communication skills							
Consideration of patient/ professionalism							
Overall ability							

**Overall performance		Below Expectation	Borderline	Meets Expectation	Above Expectation	Well above Expectation

**** Mandatory for the trainer to complete**

Trainer’s comments:	Suggestion for development
Agreed upon	

Assessor’s position : Consultant ☐ Senior Registrar ☐

Assessor’s signature : .... Assessor’s Name : ....

Trainee’s comments :

Trainee’s signature : ....

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT
MD COMMUNITY PAEDIATRIC

Discharge Summaries, Referrals & Letters (DSRL)

Trainee's name :					
Date of assessment : (dd/mm/yyyy)					
Training Centre :					
Year of training: :	1	2	3	4	

Clinical setting :	Child protection		Child and adolescent mental	
	Child development and disability		Nutrition	
	Rheumatology and Rehabilitation		Other	
	Neurology			
Other (Please specify)				

Please insert a brief summary of the scenario assessed

Please grade the below areas using the given scale:

		Below Expectations	Borderline	Meets Expectations	Above Expectations	Well above Expectations	Unable to comment
		E	**D**	**C**	**B**	**A**	
Problem List							
Is there a medical problem list?							
Is there a psychosocial problem list?							
Are any obvious any significant problems omitted?							
Are any irrelevant problems listed?							
History							
Is there a record of the family's current concerns being sought of clarified?							
Is the document history appropriate to the problems and questions?							
Examination							
Is the documented examination appropriate to the problems and questions?							
Overall assessment							
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/ assessment /or non-investigation recorded?							

Are the reasons for the above plan adequately justified?							
Are all the known management options or absence of any management plan recorded clearly?							
Are all the drugs and therapies clearly listed?							
Is adequate justification given for any changes in management							
Is there an adequate record of information shared with the family?							
Follow up							
Are all the stake holder mentioned in the plan?							
Is the purpose of follow up adequately justified?							
Clarity							
Is there much unnecessary information?							
Does the structure of the letter flow logically?							
Are there any sentences you do not understand?							

**** Mandatory for the trainer to complete**

Areas of strength	Suggestion for development
Agreed action	

Assessor's position : Consultant ☐ Senior Registrar ☐

Assessor's signature : .... Assessor's Name : ....

Trainee's comments :

Trainee's signature : ....

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT

MINI CLINICAL EVALUATION (MCE)

Trainee's name :								
Date of assessment (dd/mm/yyyy) :								
Training Centre :								
Year of training: :	**1**	**2**	**3**	**4**				
Clinical setting :	Child protection		Child and adolescent mental					
	Child development and disability		Nutrition					
	Rheumatology and Rehabilitation		Other					
	Neurology							
Clinical problem :								
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 day old baby with respiratory distress):

Please grade the below areas using the given scale:

Grading	Unsafe	Below Expectations	Borderline	Meets expectations	Above Expectations	Well above expectations	Unable to comment
	F	**E**	**D**	**C**	**B**	**A**	
History Taking							
Communication Skills							
Examination							
Clinical Judgment							
Management							
Professionalism							
Organization/ Efficiency							

**Overall performance	Unsafe	Below Expectation	Borderline	Meets Expectation	Above Expectation	Well above Expectation

**** Mandatory : Please grade the overall performance of the trainee on MCE**

Areas of strength	Suggestion for development
Action agreed upon :-	

Assessor’s position : Consultant ☐ Senior Registrar ☐

Assessor’s signature : .... Assessor’s Name : ....

Trainee’s comments :

Trainee’s signature : ....

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA
IN SERVICE TRAINING ASSESSMENT
MD Community Paediatrics

MULTI SOURCE FEEDBACK (MSF)

Trainee's name	:				
Date of assessment (dd/mm/yyyy)	:				
Training Centre	:				
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)

Grading	Unsafe	Below Expectations	Borderline	Meets expectations	Above Expectations	Well above expectations	Unable to comment
	F	**E**	**D**	**C**	**B**	**A**	
Ability to diagnose patient problems							
Ability to formulate appropriate management plans							
Ability to manage complex patients							
Awareness of his 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 carers and/or family							
Ability to recognize and value the contribution of others							
Accessibility / reliability							
Leadership skills							
Punctuality							

**Overall performance	Unsafe	Below Expectation	Borderline	Meets Expectation	Above Expectation	Well above Expectation

**** Mandatory for the trainer to complete**

Trainer's comments:	Suggestion for development
Action agreed upon	

Assessor's position : Consultant ☐ Senior Registrar ☐

Assessor's signature : .... Assessor's Name : ....

Trainee's comments :

Trainee's signature : ....

Annexure 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

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

- 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 BOSP 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+

Case Definition:
Child Psychiatry: 2
Nutrition: 1
Chronic disorders: 1
Child Protection: 2
Neuro disability: 4