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

Prospectus

BOARD CERTIFICATION IN COMMUNITY PAEDIATRICS
(To be effective from the year 2015)
Contents

1. Background and Justification/Introduction ................................................................. 2
2. Eligibility for entry into the training Programme ...................................................... 2
3. Selection process ....................................................................................................... 3
4. Number to be selected for training .......................................................................... 3
5. Outcomes, competencies & Learning objectives ....................................................... 3
6. Content areas and Curriculum .................................................................................. 4
7. Structure of the Training Programme ...................................................................... 4
8. Learning Activities and Learner Support System .................................................... 8
9. Trainers and Training Units ..................................................................................... 8
10. Monitoring of progress ............................................................................................ 8
11. Eligibility for Pre – Board Certification Assessment (PBCA) .................................... 11
12. Format of Pre Board Certification Assessment (PBCA) .......................................... 11
13. Board Certification ................................................................................................ 13
14. Recommended reading ............................................................................................ 13
15. Contributors to Development of Prospectus ........................................................ 14
Annexure I - Training content and Curriculum .......................................................... 15
Annexure II - Progress Report ................................................................................... 27
Annexure III - In Service Training Assessment forms ............................................... 32
Annexure V - Portfolio ................................................................................................. 66
Annexure VI- Generic guidance to supervisors
Annexure VII- Generic format for research project reports
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, behavioural 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 which affect 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:

<table>
<thead>
<tr>
<th>Training centre</th>
<th>Duration</th>
<th>Training component</th>
<th>Learning activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>LRH</td>
<td>5 months</td>
<td>Neurology</td>
<td>Neurological basis for developmental disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Working in liaison with rehabilitation units and schools when required</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Understand the long term medications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child and adolescent mental health</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Team work with child psychologist, teacher, social worker etc. to identify conditions, arrive at conclusions and to design management plans</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Visit to the probation office and Ministry of Social Services to understanding the referral process and action plans</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td>Nutritional assessments</td>
<td>Nutritional management of obesity and under nutrition</td>
</tr>
<tr>
<td>Other specialties</td>
<td></td>
<td>Long term community care of children with chronic disorders, palliative and ambulatory care</td>
<td></td>
</tr>
<tr>
<td>Endocrine, Nephrology, Oncology, Cardiology, Paediatric, surgery, Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatology Rehabilitation medicine, Physiotherapy (PT), Occupational therapy (OT), Speech therapy (SLT),ENT, Ophthalmology Orthotics and prosthetics (O&amp;P) Orthopaedics Oromaxillo facial (OMF) Child development clinic</td>
<td></td>
<td>The appointment will be subdivided to get the following exposures</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Oro-maxillo-facial multidisciplinary clinic, ENT, eye clinic, Orthopaedic surgery, child development clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Observations at OT. PT, SLT and O&amp;P</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Understand team work, principles in multidisciplinary assessments, classification of conditions, pre and post treatment assessments and goal setting</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Family Health Bureau</th>
<th>01 month</th>
<th>Child development and special needs programme,</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Colombo Teaching Hospital and Disability Studies dept, Faculty of Medicine at Ragama</td>
<td>06 months</td>
<td>Developmental surveillance, Early intervention clinic, Multidisciplinary clinic, Feeding clinic Chronic GI problems: Constipation and inflammatory bowel diseases Audiology services</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational settings: Special and inclusive class rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visiting schools for observations, assessments and working together with the team to prepare individual education plans.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child protection Chief JMO, Colombo NCPA Probation and child care Department of Sociology in a recognized University.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>
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 BOS. Acceptance 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

<table>
<thead>
<tr>
<th>Training centre</th>
<th>Training component</th>
<th>Learning activities</th>
<th>In Service Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>LRH</td>
<td>Child and adolescent mental health</td>
<td>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</td>
<td>DOPS 4: Learning assessment, IQ, ASD, ADHD, functioning within the multidisciplinary team</td>
</tr>
</tbody>
</table>

| 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 | Long term community care of children with chronic disorders, palliative and ambulatory care | CBD 2  
DSLR 2  
CS 1  
MSF1 |
|---|---|---|
| Endocrine, Nephrology, Oncology, Cardiology, Paediatric surgery, Respiratory | 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 |
| 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 | Classification of Cerebral Palsy, PT, OT, SLT assessment and outcome measurements, Hearing and visual assessments. | CS 2  
MSF 2  
DSRL 2 |
| Child development and special needs 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 | Professorial Unit, North Colombo Teaching Hospital | MSF: 2  
DSRL: 2  
CS: 1 |
|-------------------------------------------|-----------------------------------------------|----------------|
| 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
3. Satisfactorily completed PTR forms

12. Format of Pre Board Certification Assessment (PBCA)

**Assessment tool - Portfolio**
The PBCA should be based on assessment of portfolio maintained by the trainee during the period of post MD training. Content of the portfolio should encompass all of learning outcomes mentioned below and 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**

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. Epidemiology

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 on national 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 and HEB
   (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
   
   (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 influence the 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
(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 disabling conditions 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

Basic Knowledge

2. (a) General Learning difficulty

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

(b) Specific Learning Disabilities

(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 behaviour & 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:
Postgraduate Institute of Medicine – University of Colombo

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/ surveillance programmes
v. Understand the principles of management for reduced visual acuity and squint.
vi. vi) Understand management and appropriate investigation for cataracts, a mass behind the lens and tumours of the visual pathway
vii. 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**

**Skills**

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**

**Skills**

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

3. **UNDERSTANDING OF SRI LANKAN SERVICES**

1. **Healthcare services Knowledge**
   
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**

   **Basic Knowledge**
   
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 communication

vii. 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

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

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Medical Knowledge</td>
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<tr>
<td>Demonstrates up-to-date knowledge required to manage patients</td>
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<tr>
<td>Application of Medical Knowledge</td>
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<tr>
<td>Shows ability to use the knowledge and other derived evidence based information</td>
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<tr>
<td>Procedural Skills</td>
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<tr>
<td>Demonstrates ability to perform practical/ technical procedures</td>
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<tr>
<td>Interpersonal/ Communication Skills</td>
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<tr>
<td>Demonstrates ability to communicate with patients and their families</td>
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<tr>
<td>Clinical Judgment</td>
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<tr>
<td>Demonstrates ability to integrate cognitive and clinical skills, and consider alternatives in making diagnostic and therapeutic decisions</td>
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<tr>
<td>Responsibility</td>
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<td>Accepts responsibility for own actions and understands the limitations of own knowledge and experience</td>
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<td>Punctuality</td>
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<td>Problem Solving Skills</td>
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<td>Critically assesses information, identifies major issues, makes timely decisions and acts upon them</td>
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<tr>
<td>Humanistic Qualities</td>
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<tr>
<td>Demonstrates integrity and compassion in patient care</td>
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<tr>
<td><strong>Respect</strong></td>
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<tr>
<td>Shows personal commitment to honouring the choices and rights of other persons</td>
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<tr>
<th><strong>Moral and Ethical Behaviour</strong></th>
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<tr>
<td>Exhibits high standards of moral and ethical behaviour towards patients and families</td>
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<tr>
<th><strong>Professional Attitudes and Behaviour</strong></th>
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<tr>
<td>Shows honesty at all times in their work, put patient welfare ahead of personal consideration</td>
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<tr>
<th><strong>Patient Management</strong></th>
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<tr>
<td>Shows wisdom in selecting treatment, adopt management to different circumstances</td>
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<thead>
<tr>
<th><strong>Psychological Development</strong></th>
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<tr>
<td>Demonstrates ability to recognize and/ or respond to psychological aspects of illness</td>
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<tr>
<th><strong>Medical Care</strong></th>
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<tr>
<td>Effectively manages patients through integration of skills resulting in comprehensive high quality care</td>
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<tr>
<th><strong>Research Methodology</strong></th>
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<tr>
<td>Understands scientific methodology; participate in research studies by formulating and testing hypothesis and analysing the results</td>
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<tr>
<th><strong>Quality Assurance</strong></th>
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<tr>
<td>Demonstrates ability to initiate and evaluate Quality Assurance programmes</td>
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<tr>
<th><strong>Record Keeping</strong></th>
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<tbody>
<tr>
<td>Maintains complete and orderly records and up-to-date progress notes</td>
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<tr>
<th><strong>Discharge/ Planning Summaries</strong></th>
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<tbody>
<tr>
<td>Ensures that all problems are explained prior to discharge from hospital; prepare concise and prompt discharge summaries</td>
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<tr>
<th><strong>Reports</strong></th>
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<tr>
<td>Complete succinct and accurate reports without delay; communicates with referring practitioner for continuing care</td>
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<tr>
<th><strong>Relationships with Medical Staff</strong></th>
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<tbody>
<tr>
<td>Maintains the respect of his/ her colleagues</td>
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</table>
**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**

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

A.  
If no, are there any specific factors which may have affected this trainee’s performance or do you have any reservations about performance?
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
### Case Based Discussion (CBD) – Child Protection

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
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<tbody>
<tr>
<td>Trainee’s name</td>
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<tr>
<td>Date of assessment (dd/mm/yyyy)</td>
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<tr>
<td>Training Centre</td>
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<td>Year of training</td>
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<tr>
<td>Clinical setting</td>
<td>Child Protection</td>
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<td>Clinical problem</td>
<td>Child abuse</td>
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<td>At risk child</td>
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<tr>
<td>Focus of Clinical Encounter</td>
<td>History</td>
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<td>Other (Please specify)</td>
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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:

<table>
<thead>
<tr>
<th>Grading</th>
<th>Unsafe</th>
<th>Below Expectations</th>
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**History**

**Clinical Assessment**

**Problem identification**

**Investigation**

**Management**

**Overall performance**

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**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

Prospectus - Board Certification in Community Paediatrics
## Case Based Discussion (CBD) – Child Development and Disability

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<td>Child Development and disability</td>
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<td>Clinical problem</td>
<td>Normal development</td>
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<td>Learning Disorder</td>
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History

Clinical Assessment

Problem identification

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Management

**Overall performance**

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**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
<table>
<thead>
<tr>
<th>Assessor’s signature</th>
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**Trainee’s comments**

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**Trainee’s signature**

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Case Based Discussion (CBD) – Rheumatology and Rehabilitation

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<td>Inflammatory disease</td>
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<td>Spinal disorder</td>
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<tr>
<td>Cerebral palsy</td>
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<td>Neuromuscular disorder</td>
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<td>Other</td>
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**History**

**Clinical Assessment**

**Problem identification**

**Investigation**

**Management**


**Overall performance**

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**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
### Case Based Discussion (CBD) – Neurology

<table>
<thead>
<tr>
<th>Trainee’s name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of assessment (dd/mm/yyyy)</td>
</tr>
<tr>
<td>Training Centre</td>
</tr>
<tr>
<td>Year of training:</td>
</tr>
<tr>
<td>Clinical setting</td>
</tr>
<tr>
<td>Clinical problem</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Focus of Clinical Encounter</td>
</tr>
<tr>
<td>Other (Please specify)</td>
</tr>
</tbody>
</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:

<table>
<thead>
<tr>
<th>Grading</th>
<th>Unsafe</th>
<th>Below Expectations</th>
<th>Borderline</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Well above expectations</th>
<th>Unable to comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>E</td>
<td>D</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

**History**

**Clinical Assessment**

**Problem identification**

**Investigation**

**Management**

**Overall performance**

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

<table>
<thead>
<tr>
<th>Areas of strengths/weaknesses</th>
<th>Suggestions for development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action agreed upon</td>
<td></td>
</tr>
</tbody>
</table>

Assessor’s position

- Consultant
- Senior Registrar
Assessor’s signature

Assessor’s Name:

_________________________  _______________________

Trainee’s comments

_________________________

Trainee’s signature
## Case Based Discussion (CBD) – Child and adolescent mental health

<table>
<thead>
<tr>
<th>Trainee’s name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of assessment (dd/mm/yyyy)</td>
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<tr>
<td>Training Centre</td>
<td></td>
</tr>
<tr>
<td>Year of training: 1 2 3 4</td>
<td></td>
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<tr>
<td>Clinical setting</td>
<td>Child and adolescent mental health</td>
</tr>
<tr>
<td>Clinical problem</td>
<td>ASD</td>
</tr>
<tr>
<td></td>
<td>Emotional Disorder</td>
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<td></td>
<td>Adolescent mental Health</td>
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<tr>
<td>Focus of Clinical Encounter</td>
<td>History</td>
</tr>
<tr>
<td>Other (Please specify)</td>
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</tbody>
</table>

**History**

**Clinical Assessment**

**Problem identification**

**Investigation**

**Management**

**Overall performance**

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

<table>
<thead>
<tr>
<th>Areas of strengths/weaknesses</th>
<th>Suggestions for improvement/further development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action agreed upon :-</td>
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</table>

Assessor’s position

- Consultant
- Senior Registrar
Assessor’s signature  

Assessor’s Name:

Trainee’s comments

Trainee’s signature
# ASSESSMENT OF TEACHING SKILLS

<table>
<thead>
<tr>
<th>Trainee’s name</th>
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</tr>
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<tbody>
<tr>
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<tr>
<td>Training Centre</td>
<td></td>
</tr>
<tr>
<td>Year of training:</td>
<td>1 2 3 4</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical setting</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child protection</td>
<td>Child and adolescent mental</td>
</tr>
<tr>
<td>Child development and disability</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Rheumatology and Rehabilitation</td>
<td>Other</td>
</tr>
<tr>
<td>Neurology</td>
<td></td>
</tr>
</tbody>
</table>

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:
<table>
<thead>
<tr>
<th>Not applicable</th>
<th>Below expectations</th>
<th>Borderline</th>
<th>Meets expectations</th>
<th>Above expectations</th>
<th>Well above expectations</th>
<th>Unable to comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>E</td>
<td>D</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

**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
- 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**  

<table>
<thead>
<tr>
<th>Below Expectation</th>
<th>Borderline Expectation</th>
<th>Meets Expectation</th>
<th>Above Expectation</th>
<th>Well above Expectation</th>
</tr>
</thead>
</table>

**Mandatory for the trainer to complete**

<table>
<thead>
<tr>
<th>Areas of strength</th>
<th>Suggestion for development</th>
<th>Action agreed upon</th>
</tr>
</thead>
</table>

Assessor’s position : Consultant   [ ] Senior Registrar   [ ]

Assessor’s signature : Assessor’s Name :

Trainee’s comments :

Trainee’s signature :

-----------------------------------------------
# COMMUNICATION SKILLS

<table>
<thead>
<tr>
<th>Trainee’s name</th>
<th>Date of assessment (dd/mm/yyyy)</th>
<th>Training Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**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:
<table>
<thead>
<tr>
<th>Conduct of Interview</th>
<th>F</th>
<th>E</th>
<th>D</th>
<th>C</th>
<th>B</th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction, clarifies role</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapport</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathy and respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate explanation and negotiation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear explanation, no jargon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment prior knowledge of patient</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Appropriate questioning style</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Explores and responds to concerns and feelings</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Summarises and checks understanding</td>
<td></td>
<td></td>
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<tr>
<td>Offer support and plan the management</td>
<td></td>
<td></td>
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<tr>
<td>Time for questions</td>
<td></td>
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<tr>
<td>Accuracy of information given</td>
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<tr>
<td>Appropriate selection of information</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Accuracy of information</td>
<td></td>
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</tbody>
</table>

**Overall performance**

**Mandatory for the trainer to complete**
<table>
<thead>
<tr>
<th>Areas of strength</th>
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</thead>
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<tr>
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**Action agreed upon**

<table>
<thead>
<tr>
<th>Assessor’s position</th>
<th>Consultant</th>
<th>Senior Registrar</th>
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<tbody>
<tr>
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**Assessor’s signature**

<table>
<thead>
<tr>
<th>Assessor’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------</td>
</tr>
</tbody>
</table>

**Trainee’s comments**

<table>
<thead>
<tr>
<th>Trainee’s signature</th>
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</table>

**Trainee’s signature**

<p>| | |</p>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**DIRECTLY OBSERVED PROCEDURAL SKILLS (DOPS)**

<table>
<thead>
<tr>
<th>Trainee's name         :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of assessment     :</td>
</tr>
<tr>
<td>(dd/mm/yyyy)           :</td>
</tr>
<tr>
<td>Training Centre        :</td>
</tr>
<tr>
<td>Year of training:      : 1 2 3 4</td>
</tr>
</tbody>
</table>

**Clinical setting**

<table>
<thead>
<tr>
<th></th>
<th>Child protection</th>
<th>Child and adolescent mental</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child development and disability</td>
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</tr>
<tr>
<td></td>
<td>Rheumatology and Rehabilitation</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td>Neurology</td>
<td></td>
</tr>
</tbody>
</table>

**Other (Please specify)**

Please insert a brief summary of the procedure observed
Please grade the below areas using the given scale:

<table>
<thead>
<tr>
<th></th>
<th>In appropriate</th>
<th>Below Expectations</th>
<th>Borderline</th>
<th>Meets Expectations</th>
<th>Above Expectations</th>
<th>Well above Expectations</th>
<th>Unable to comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates understanding of indications for specific assessment/ relevant formats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtains informed consent (When relevant)</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Demonstrate appropriate preparation</td>
<td></td>
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<tr>
<td>pre-procedure</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriate instructions/ Questions</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Extract relevant information</td>
<td></td>
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</tr>
<tr>
<td>Shows appropriate mood to the situation</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Seeks help where appropriate</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Communication skills</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Consideration of patient/ professionalism</td>
<td></td>
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<tr>
<td>Overall ability</td>
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</tbody>
</table>

**Overall performance**

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

<table>
<thead>
<tr>
<th>Trainee’s name</th>
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<tbody>
<tr>
<td>Date of assessment</td>
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<tr>
<td>Training Centre</td>
<td></td>
</tr>
<tr>
<td>Year of training:</td>
<td>1 2 3 4</td>
</tr>
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</table>

#### 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 scenario assessed
Please grade the below areas using the given scale:

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<td>D</td>
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<td>B</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Areas of strength</th>
<th>Suggestion for development</th>
</tr>
</thead>
</table>

Agreed action
Assessor’s position : Consultant [ ] Senior Registrar [ ]

Assessor’s signature : Assessor’s Name :

Trainee’s comments :

Trainee’s signature :
### MINI CLINICAL EVALUATION (MCE)

**Trainee’s name:**

**Date of assessment**

(dd/mm/yyyy):

**Training Centre**:

**Year of training:**

1 2 3 4

<table>
<thead>
<tr>
<th>Clinical setting</th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>Neurology</td>
<td></td>
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</tbody>
</table>

**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):

---

Prospectus - Board Certification in Community Paediatrics
Please grade the below areas using the given scale:

<table>
<thead>
<tr>
<th>Grading</th>
<th>Unsafe</th>
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<th>Meets expectations</th>
<th>Above Expectations</th>
<th>Well above expectations</th>
<th>Unable to comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>History Taking</td>
<td>F</td>
<td>E</td>
<td>D</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td></td>
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<tr>
<td>Communication</td>
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<tr>
<td>Skills</td>
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<tr>
<td>Judgment</td>
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<tr>
<td>Management</td>
<td></td>
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<tr>
<td>Professionalism</td>
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<tr>
<td>Organization/</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td></td>
<td></td>
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</tbody>
</table>

**Overall performance**

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

<table>
<thead>
<tr>
<th>Areas of strength</th>
<th>Suggestion for development</th>
</tr>
</thead>
</table>

Action agreed upon :-
| Assessor’s position | : | Consultant | [ ] Senior Registrar | [ ] |
| Assessor’s signature | : | Assessor’s Name : |
| Trainee’s comments | : |
| Trainee’s signature | : |
**MULTI SOURCE FEEDBACK (MSF)**

<table>
<thead>
<tr>
<th>Trainee’s name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of assessment (dd/mm/yyyy)</th>
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</table>

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</table>

<table>
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<tr>
<th>Year of training:</th>
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<tbody>
<tr>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of working relationship (in months)</th>
</tr>
</thead>
</table>

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).

<table>
<thead>
<tr>
<th>Grading</th>
<th>Unsafe</th>
<th>Below Expectations</th>
<th>Borderline</th>
<th>Meets expectations</th>
<th>Above Expectations</th>
<th>Well above expectations</th>
<th>Unable to comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>E</td>
<td>D</td>
<td>C</td>
<td>B</td>
<td>A</td>
<td></td>
</tr>
</tbody>
</table>

- 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
<table>
<thead>
<tr>
<th>Technical skills (appropriate to current practice)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to apply up-to-date / evidence based medicine</td>
<td></td>
</tr>
<tr>
<td>Ability to manage time effectively / prioritize</td>
<td></td>
</tr>
<tr>
<td>Ability to deal with stress</td>
<td></td>
</tr>
<tr>
<td>Commitment to learning Willingness and effectiveness when teaching/training colleagues</td>
<td></td>
</tr>
<tr>
<td>Communication with carers and/or family</td>
<td></td>
</tr>
<tr>
<td>Ability to recognize and value the contribution of others</td>
<td></td>
</tr>
<tr>
<td>Accessibility / reliability</td>
<td></td>
</tr>
<tr>
<td>Leadership skills</td>
<td></td>
</tr>
<tr>
<td>Punctuality</td>
<td></td>
</tr>
</tbody>
</table>

**Overall performance**

<table>
<thead>
<tr>
<th>Unsafe Below Expectation</th>
<th>Borderline Meets Expectation</th>
<th>Above Expectation</th>
<th>Well above Expectation</th>
</tr>
</thead>
</table>

**Mandatory for the trainer to complete**

**Trainer’s comments:**

**Suggestion for development**

**Action agreed upon**
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.

<table>
<thead>
<tr>
<th></th>
<th>Marks/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fail</td>
<td>3</td>
</tr>
<tr>
<td>Borderline</td>
<td>4</td>
</tr>
<tr>
<td>Pass</td>
<td>5</td>
</tr>
<tr>
<td>Good pass</td>
<td>6</td>
</tr>
<tr>
<td>Excellent pass</td>
<td>7+</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Marks/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fail</td>
<td>Has not completed Reflective cycle</td>
</tr>
<tr>
<td>Borderline</td>
<td>Has only described the learning experience</td>
</tr>
<tr>
<td>Pass</td>
<td>Analysed the reasons for the experience &amp; the reasons for outcome</td>
</tr>
<tr>
<td>Good Pass</td>
<td>Evaluated how the outcome could have been different if a different course of action was taken</td>
</tr>
<tr>
<td>Excellent Pass</td>
<td>Provided high quality evidence for implementing changes</td>
</tr>
</tbody>
</table>
Case Definition:
Child Psychiatry: 2
Nutrition: 1
Chronic disorders: 1
Child Protection: 2
Neuro disability: 4