"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

PROSPECTUS

DOCTOR OF MEDICINE (MD)

AND

BOARD CERTIFICATION

IN

PAEDIATRICS

2013

BOARD OF STUDY IN PAEDIATRICS

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  Dr K P Weerasekara MD(paed), DCH(Col), MRCP(UK)

  Dr Guwani Liyanage MD(paed), DCH(Col), MRCPCH(UK)

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1. INTRODUCTION

This prospectus outlines the complete programme required for training and assessment for the MD degree in Paediatrics leading to Board Certification.

This guide will help trainees to satisfy the requirements for progressing through and completing the training program and also help the supervisors/trainers to identify training program requirements and facilitate learning experiences for trainees under their supervision.

The discipline of Paediatrics is a speciality concerned with health and ill health in babies, children and adolescents. Paediatricians SHOULD have a detailed knowledge and understanding of specific health issues, diseases and disorders related to these stages of growth and development. Paediatricians work with colleagues from a wide range of professional groups in hospitals, general practice, community, social services, schools and nongovernmental organizations.

The contents outlined in this prospectus describe details of the programme and the formal assessments leading to the degree in MD Paediatrics.

Over the course of the training program, all trainees must carry out a variety of activities, assessments and program requirements in consultation with their supervisors. Satisfactory completion of these requirements is a pre-requisite for Board Certification.

2. EXPECTED OUTCOMES

By the end of the training programme, trainee should,

- have a comprehensive understanding of health and disease from conception to birth, infancy, childhood, and adolescence up to adulthood.
- be competent in diagnosing and managing paediatric problems in a global setting with special reference to diseases that are prevalent in Sri Lanka.

For this purpose the trainee should

- have an understanding of and be competent in the principles and practice of clinical methods in order to develop the capacity to identify, diagnose, analyse and manage patients efficiently and humanely.
- possess a sound knowledge of community resources and an understanding of the principles of preventive care and be able to take preventive and/or promotional measures to improve the health and wellbeing of infants, children and adolescents.
- develop satisfactory communication skills in dealing with children, parents and relatives.
- demonstrate integrity, respect and compassion in the care of patients and their families.
- demonstrate high standards of moral and ethical behaviour towards infants, children, young people and their families and co-workers.
- develop the necessary skills, attitudes and temperament to work amicably and in partnership with colleagues and other professionals involved in all aspects of childcare.
- be able to function as a member of a team, delivering child care services and be competent to assume leadership.
- acquire competence in teaching and training undergraduates, postgraduates and allied health professionals in Paediatrics and Child Health.

- possess a basic knowledge of research methodology, including hypothesis generation, principles of statistical analysis essential for a paediatrician and be motivated to conduct related research.
- act as an independent paediatrician with an understanding of their own limitations of knowledge and experience.

3 CRITERIA FOR ENTRY IN TO THE MD PAEDIATRIC TRAINING PROGRAMME

To enter the training programme in Paediatrics candidate should be successful at the selection examination.

3.1 Eligibility to sit for Selection Examination

Prospective applicants must satisfy the following requirements.

I. Hold a medical degree registered with the Sri Lanka Medical Council

II. Satisfactory completion of internship acceptable to the Sri Lanka Medical Council

III. Satisfactory completion of one year of post internship in Medical/Clinical practice in a university/public/private sector institution in Sri Lanka acceptable to the PGIM/Senate

IV. Should have any one of the following

a) Completion of six months of continuous service experience in a general paediatric medical unit as "first on-call" medical officer either during internship or after wards

b) Completion of six months of continuous service experience in a general paediatric surgical unit as "first on-call" medical officer either during internship or after wards **AND three months of first on-call experience in a Paediatric Medical Unit**

c) Completion of six months of continuous service experience in neonatology or any other paediatric sub speciality as "first on-call" medical officer **AND three months of first on-call experience in a Paediatric Medical Unit**

V. Any other requirement/s stipulated by the Board of Study relevant to a particular field of study concerned, that has/have been approved by the Board of Management/Senate.

a. The criteria prescribed in paragraphs I, II, III should be satisfied by the applicant before the date of closure of applications.
b. In respect of (III) above, those who have availed maternity or sick leave during this one year period could be considered eligible provided that they have completed 80% of the one year period.
c. Work experience stipulated in (IV) should have been completed within a period of seven years at the closing date of application.
d. Foreign nationals who seek to apply for training programme should possess a medical degree registrable with the Sri Lanka Medical Council. Such applications are scrutinized by the BOS for suitability and recommendations. The decision of the Board of Management/Senate will be final in all such applications.

3.2 Selection Examination in Paediatrics

3.2.1 Content areas in the selection examination include

a. Basic & Applied science- Anatomy, Physiology, Biochemistry, Microbiology, Embryology, Parasitology, Pharmacology, Pathology, Medical statistics & Epidemiology, Genetics and Immunology.
b. Neonatology, Paediatrics and Child health – preventive and curative aspects, paediatric emergencies and social paediatrics.

(For curriculum of the Selection Examination, Refer Annex I)

3.2.2 There are two components in the examination:

C1. Multiple Choice Question (MCQ) Paper

C2. Objective Structured Clinical Examination (OSCE)

C1.Multiple Choice Question Paper – 240 marks – 180 minutes:

This consists of **TWO** parts (Part I and II) containing a total of 60 questions.

Part I

- Total of 30 True/False type questions with five responses for each question
- **Each question** will carry a maximum of five marks. One mark for correct response and a minus mark for a wrong response or zero if not attempted. The maximum mark per question shall be 5 and lowest mark would be zero.
- The total maximum mark obtainable per part I would be 150.

Part II

i. Total of 30 questions of Single Best Response (SBR) type.
ii. The mark per correct answer is three. Zero for wrong answer or if not attempted.
iii. The total maximum marks obtainable per part II would be 90

The candidate needs to obtain a minimum mark of 50% for **each** part (I and II) to qualify for the OSCE component.

C2. Objective Structured Clinical Examination (OSCE)

This will consist of 15 stations to assess the core knowledge, clinical skills, procedural skills, problem solving skills and ability to interpret investigations and communication skills.

a. Two dimensional blue print (**Refer Annex II**) will be used to set the OSCE questions
b. Timing – 05 minutes at each station
c. Twelve examiners will be appointed to conduct the examination and only seven of them will be responsible for setting questions. However, all 12 examiners will be involved in conducting the exam.
d. All observer stations would be examined by two examiners and independent mark would be given

e. Hundred (100) marks for each station and the final calculated mark will be out of hundred

Candidate should obtain ≥50% for any eight (8) stations and an overall mark of ≥50% to pass the OSCE component.

Requirements to pass the Selection Examination:

- Should obtain ≥50% for MCQ Part 1
  AND
- Should obtain ≥50% for MCQ Part 2
  AND
- Should obtain ≥50% for any eight (8) stations and an overall mark of ≥50% for OSCE

(In the event of a candidate being successful only in the MCQ component, the candidate should sit the entire selection examination including the MCQ component in a subsequent examination/s).

3.3 Number selected for training

- Final mark for eligibility for selection for training will be calculated as follows

Exam component	Marks	% of final mark
Part I	150	20
Part II	90	20
OSCE	1500	60
Total Mark		100

- Number selected for training per each year would be on the recommendation of Ministry of Health according to the national requirement with approval of the BOM/Senate
- The number for the Ministry of Health, Universities, Armed forces and Private sector will be indicated in the circular calling for applications
- These numbers may vary from year to year.
- The number selected for each of above sectors will be done based on merit and other PGIM/Senate regulations and guidelines

3.4 Ranking of candidates to enrol into the training programme

- Would be done by considering **the total mark obtained at both MCQ and OSCE components** at the given selection examination, as given above.
- The number of attempts should be considered. Those who pass in the first attempt will be placed above others.

3.5 Allocation of training posts

Allocation of training posts would be done by a sub committee appointed by the Board of Study in Paediatrics according to the available training posts based on the ranking obtained at the Selection Examination and the preference of the candidate. Recommendations and requirements of the Ministry of Health will be taken in to account when applicable.

4 CURRICULUM GENERAL PAEDIATRICS

4.1 Detailed Curriculum (Refer Annex VI for detailed curriculum)

This curriculum outlines the broad concepts, related learning objectives and the associated theoretical knowledge, clinical skills, attitudes and behaviours required. At the completion of the training program, trainees should be competent to provide at consultant level, unsupervised comprehensive medical care in general paediatrics. Attaining competency in all aspects of this curriculum will take five years. It is expected that all teaching, learning and assessment associated with the MD training are within the context of the paediatrician's everyday clinical practice and will accommodate discipline-specific contexts and practices as required.

4.2 Additional training courses/generic skills/ lectures

Refer Annex III

4.3 Reading material

Refer Annex VIII

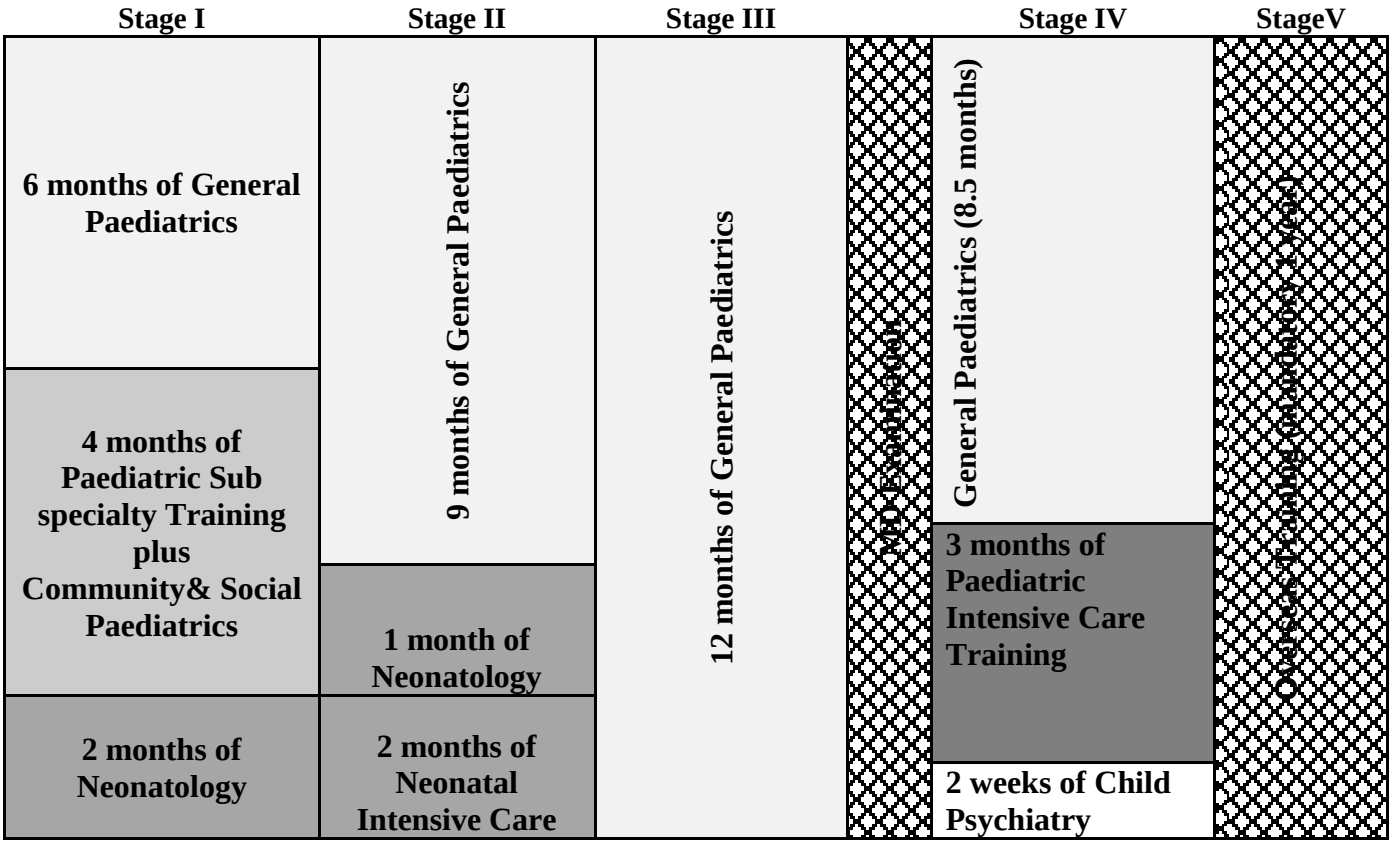
4.4 Responsibilities of the trainer

Refer Annex VII for guidelines for supervisors.

5. MD TRAINING PROGRAMME IN PAEDIATRICS

The curriculum of MD Paediatrics indicating the core knowledge, clinical competences, procedural and communication skills together with necessary professional and behavioural skills, which should be acquired during the training programme is given below.

There shall be five stages (Three pre-MD and two post-MD) in the General Paediatric training programme.



5.1 Stage (I) of the Training Programme

5.1.1 Entry to the training programme

- Candidates who are selected for the MD training programme in a particular year should register for the programme in the same year. He/she will not be permitted to register in a subsequent year with the same results unless a valid medical certificate from a specialist acceptable to the PGIM/Senate is submitted.

- Postponement of training will not be allowed except under compelling circumstances, deemed acceptable to the BOS on a case by case basis.
- In the event of such a postponement, the training should be resumed within a period of three years from the date of release of results of the selection examination and the trainee will be placed at the bottom of the merit list for that particular allocation.
- All selected candidates should successfully complete the Essential Newborn Care course (ENCC), Neonatal Life Support course (NLS) preferably prior to the commencement of stage I training. **(Refer Annex II)**

5.1.2 Period of stage 1 training (Total of 12 months)

- Stage (I) of the training will consist of six months of supervised in-service training as a Paediatric Registrar in General Paediatrics in a hospital approved and allocated by the BOS for that particular year.
- This training should commence with the General Paediatric appointment. A minimum on call rota of one in three (1:3) is mandatory during General Paediatrics.
- Two months of training in Neonatology in the Special Care Baby Unit in the allocated training station. It is mandatory to perform first on call duties during this period.
- After neonatology training, each trainee would be allocated to a General Paediatric ward at Lady Ridgeway Hospital for Children during the last four months and will be released for training in the following subspecialties.
    - Cardiology (2 weeks), Rheumatology (2 weeks), Neurology & Neurophysiology (3 weeks), Dermatology (1week), Paediatric Surgery (1 week), Otolaryngology (1 week), Oncology (2 weeks), Haematology/Chemical Pathology (1 week), Developmental & Behavioural Paediatrics (1 week),
    - Community & Social Paediatrics (2 weeks- day programmes and lecture series)
- Within stage I training period, the candidates should have minimum of eighty per cent attendance in each component.

- In subspecialty appointments 80% attendance is adequate provided the compulsory appointments (Social and Community Paediatrics) are completed in that particular year or the following year.

5.1.3 The candidates should preferably commence developing the research proposal during the first year of training. The draft proposal should be discussed with the trainer and submitted to the Research Approval Committee of the BOS as per **Annex IX** for assessment & approval.

5.1.4 The candidates should complete advanced Paediatric Life Support course (APLS) and Breast feeding counselling course during the first 6 months of stage I training.

(Refer Annex II)

5.1.5 In Service training Assessment (ISTA) of stage I

This is a formative assessment of the performance of the trainee, which includes

- Mini Clinical Evaluation (MCE) - 2
- Case Based Discussions (CBD)-2
- Directly Observed Practical Skills (DOPS)- 3
- Multisource Feedback (MSF) -1
- Health Education skills/Teaching skills-1
- Communication skills-1

(Refer Annex IV for assessment forms)

- It is the responsibility of the trainer/s to carry out the above formative assessment during the first 10 months of training and duly complete ISTA documents.
- It is the responsibility of the trainee to submit the relevant **documents related to ISTA, progress reports and the portfolio not later than completion of 10th month** of stage I training for annual review.
- Annual review will be performed by two-member panel of reviewers appointed by the BOS within a month of submission of required documents.

- Annual Review Report **(Refer annex V)** will be submitted by the review panel to the BOS and contents may be communicated to the trainee and the subsequent trainer/s, where this is deemed necessary for support purposes.

5.2 Stage (II) of the Training Programme

This would consist of

a) Nine months of supervised in-service training as a Paediatric Registrar in General Paediatrics in a Teaching hospital approved and allocated by the BOS for that particular year.
b) One month of training in Neonatology in a Special Care Baby Unit in the allocated training station.
c) Two months of Neonatal Intensive Care in a unit identified by the BOS

5.2.1 The number of training slots in each station will be subjected to change based on the availability of trainers.

5.2.2 On call duties should be in a rotation of at least one in three throughout the year. During Neonatology and Neonatal Intensive Care training it is mandatory to perform first on call duties.

5.2.3 The candidates who have **not initiated the research during the first year of training are strongly advised to commence on the research project.**

5.2.4 In Service Training Assessment (ISTA) of stage II

This is a formative assessment of the performance of the trainee which includes

- Mini Clinical Evaluation (MCE) -2
- Case Based Discussions (CBD) - 2
- Directly Observed Practical Skills (DOPS)- 2
- Evaluation of teaching skills -2
- Multisource Feedback (MSF) -1
- Discharge Summaries, Referral Letters (DSRL)- 2
- Communication skills-1

(Refer Annex IV for assessment forms)

- It is the responsibility of the trainer/s to carry out the above formative assessment during the first 9 months of training and duly complete ISTA documents.
- It is the responsibility of the trainee to **submit the relevant documents related to ISTA, progress reports and the portfolio not later than completion of 9th month** of stage II training for annual review.
- Annual review (**Refer Annex V**) will be performed by two-member panel of reviewers appointed by the BOS within a month of submission of required documents.
- If the annual reviews of stages I & II are not satisfactory as decided by the Annual Review Panel and ratified by the BOS/BOM, the trainee will have to repeat the entire stage II training in a unit, approved by the BOS/BOM following an inquiry as per code of conduct.
- If only the annual review of stage II is not satisfactory as decided by the Annual Review Panel and ratified by the BOS/BOM, contents may be communicated to the trainee and the subsequent trainer/s, where this is deemed necessary for support purposes.

5.3 Stage III of the Training Programme

5.3.1 This consists of twelve (12) months of supervised in service training as a Registrar at the Lady Ridgeway Hospital for Children, Colombo.

5.3.2 During this period, the trainee should undertake on-call duties on a rotation of at least one in three.

5.3.3 In Service training Assessment (ISTA) of stage III

This is a formative assessment of the trainee's performance, which includes

- Mini Clinical Evaluation (MCE) - 2
- Case Based Discussions (CBD) - 2
- Directly Observed Practical Skills (DOPS)-2
- Evaluation of Teaching skills -2
- Multisource Feedback (MSF) -1
- Discharge Summaries, Referrals & Letters (DSRL)-2
- Communication skills-1

(Refer Annex IV for assessment forms)

- It is the responsibility of the trainer/s to carry out the above formative assessment during the first 8 months of training and duly complete ISTA documents.
- It is the responsibility of the trainee to submit the relevant documents related to ISTA, progress reports and the portfolio not later than completion of 8th month of stage III training for annual review.
- Annual review (**Refer Annex V**) will be performed by two-member panel of reviewers appointed by the BOS within a month of submission of required documents.
- **If the annual reviews of stages II & III are not satisfactory as decided by the Annual Review Panel and ratified by the BOS/BOM, the trainee will have to repeat the entire stage III training in a unit, approved by the BOS/BOM following an inquiry as per code of conduct.**
- If only the annual review of stage III is not satisfactory as decided by the Annual Review Panel and ratified by the BOS, the trainee may have to undergo a repeat assessment, according to ISTA guidelines, by another trainer identified by the BOS, before the 10th month of training. **If the repeat assessment is also not satisfactory as decided by the BOS/BOM, the trainee will have to repeat the entire stage III training in a unit, approved by the BOS/BOM following an inquiry as per code of conduct.**

5.4 MD Paediatrics Examination

5.4.1 Eligibility for entry to MD examination

I. Satisfactory completion of all stages (I), (II) and (III) of the training programme as stipulated above.
II. Satisfactory Annual Reviews at each stage of training
III. Overall attendance of 80% at each component in each stage of training

5.4.2 The MD examination

This shall consist of written component **(C1 – 400 marks)** and clinical component **(C2 – 200 marks).**

(C1) **Written Component**

Written Component consists of three segments

Segment I **Structured Essay Question Paper–100 marks–3 hours**

This will consist of 5 structured essay type questions

Each question will be marked out of 100 by two independent examiners. An average of the marks given by the two examiners would be taken for each question.

The final calculated mark for paper I will be out of 100

Segment II **Case History Paper – 100 marks – 3 hours**

This will consist of 5 case histories with questions of problem solving type.

Each question will be marked out of 100 by two independent examiners. An average of the marks given by the two examiners would be taken for each question.

The final calculated mark for paper II will be out of 100

Segment III **Data interpretation paper- 100 marks – 2 hours**

This will consist of 10 Data evaluation questions

Each question will be marked out of 100 on conference marking

Final calculated mark for paper III will be out of 100

Segment IV **Objective Structured Practical Examination (OSPE) 100 marks -75 minutes**

This will consist of 15 Investigation Oriented Practical (IOP) questions (5 minutes for each station)

Each question will be marked out of 100 on conference marking.

Final calculated mark for paper III will be out of 100

Candidate must obtain 50 or more in specified five stations.

The final calculated mark for the written component (C1) will be out of 100 marks.

The mandatory requirements of the C1 to be eligible to proceed to the clinical component are:

- An overall mark of ≥50% in the entire written component

  AND

- A minimum mark of **50% each for any two out of four segments** mentioned in 5.4.2 (C1)

  AND

- A **minimum mark of 45% each for the remaining 02 segments.**

(C 2) Clinical Component

Clinical component consists of a **long case** and **Structured Assessment of Clinical Skills (SACS).** These two components would carry equal marks. **An external examiner appointed by the Senate on the recommendation of the BOS/BOM with suitable qualifications and international experience in postgraduate examinations is mandatory for the clinical component.**

C2.1 Long case – 100 marks – 80 minutes

This will consist of 45 minutes of observed history taking & examination followed by an additional **five minutes** for preparation prior to 30-minute discussion with a two-member examination panel. The total maximum mark obtainable is 100.

Candidate must obtain a mark of ≥50% for the long case

C2.2 Structured Assessment of Clinical Skills (SACS) - 100 marks - 96 minutes

- This will consist of eight clinical stations to assess the candidates ability on clinical examination
- These stations will cover the following systems/areas: Cardiovascular, Respiratory, Abdomen and Central Nervous System, Communication skills,

development assessment, video station (to carry three video clips and two of them preferably related to acute paediatrics) and station on a miscellaneous clinical problem.

- Brief clinical scenario will be provided and the candidate will be assessed on clinical skills
- There will be two examiners for each station.
- Allocated time for each station is 12 minutes
- Five minutes in between stations will be provided for the examiners to give a mark adhering to the set standards.
- **The maximum mark obtainable for each station is 100. A mark of 50% or above in minimum of five stations and an overall mark of 50% or more is mandatory.**

5.4.3 The requirements to pass the MD Examination

The candidate should fulfil **all the following requirements** to pass the examination:

- An overall mark of ≥50% in the entire written component **(C1)**

  with a minimum mark of 50% for any two out of four segments in the written component and a minimum of 45% for the remaining 02 segments.

- A mark of ≥50% for each of the long case and SACS of the clinical examination **(C2)**

  For SACS a mark of ≥50% in minimum of five stations and an overall mark of 50% or more is mandatory.

In the event of a candidate being successful only in the written component, the candidate should sit the entire examination including the written component in subsequent examination/s.

5.4.4 Award of a Medal

Two medals are on offer for successful candidates at the MD part II examination

Prof. Priyani E. Soysa Gold Medal for best performance

A medal would be awarded to the best candidate at the MD Paediatric examination, conducted in a given calendar year, provided the candidate has

i. Passed the Selection examination and MD examination at the first attempt.
ii. Obtained an aggregate mark of 70% or more.
iii. Obtained the highest mark at the MD examination.
iv. Obtained a minimum of 60% in each of the written and the clinical components of the MD examination.
v. Followed the entire local training programme
vi. The Board of Examiners would recommend the award of the medal to the PGIM.
vii. In the event of a tie, the marks of the clinical component will be taken into consideration.

Prof. Sanath P. Lamabadusuriya Gold Medal

A medal would be awarded to the best candidate at the clinical component of the MD Paediatrics examination provided the candidate fulfils the following criteria:-

i. The candidate should be sitting the examination for the first time
ii. The candidate should obtain 65% or more for the clinical component (long case and SACS) and should obtain the highest mark in the clinical component
iii. The overall mark in MD paediatrics exam should be at least 65% or more
iv. In the case of a tie, the candidate who obtains the highest overall (final total) mark would qualify for the award

5.4.5 The number of attempts permitted for the MD Examination

This will be limited to six (6), to be completed within 8 years following the first attempt.

Any candidate sitting for the sixth attempt is strongly recommended to satisfy stipulated criteria laid down by the PGIM/Senate.

5.5 Stage (IV) of the Training Programme

5.5.1 Allocation for stage IV training

Allocation to General Paediatrics and Sub specialities will be done according to the merit order obtained at MD examination and number of attempts, by a committee appointed by the BOS.

5.5.2 This includes a minimum period of 12 months of training in a Teaching hospital that are approved by the Board of Study.

It consists of 8½ months of General Paediatric training as a senior registrar, 2 weeks of Child Psychiatry training and 3 months of Paediatric Intensive Care training.

5.5.3 In Service Training Assessment (ISTA) of stage IV

This includes

a. Multisource Feedback (MSF)-2
b. Directly Observed Practical Skills (DOPS) – ICU procedures 2
c. Case Based Discussions-2
d. Discharge Summaries, Referrals & Letters (DSRL) - 2
e. Evaluation of Teaching skills - 2
f. Communication skills -2

It is the responsibility of the trainer/s to carry out the above formative assessment during the training and duly complete ISTA documents.

It is the responsibility of the trainee to submit the **relevant documents related to ISTA, progress reports and the portfolio two months prior to completion of stage IV training** for annual review (**Refer Annex V)**.

- Review of the trainee's performance during stage IV, will be carried out by a two member panel appointed by the BOS within a month of submission of required documents.

A report will be submitted by the review panel to the BOS. If trainee's performance is not satisfactory as decided by the Annual Review Panel and ratified by the BOS, the trainee may have to repeat part of the training or the entire Stage IV training.

5.6 Stage (V) of the Training Programme

5.6.1 The overseas training should commence within 05 years after completion of the MD examination.

5.6.2 Supervised overseas training as a SHO / Registrar/ Senior Registrar (fellow) or equivalent at an approved centre/s. Trainees are discouraged from obtaining a purely 'observer' status for fulfilment of this component and **such a position will not be acceptable for sub speciality training**.

- Mandatory period of one (1) year in an overseas training centre is required.
- Proposed training centre should be approved by the BOS prior to embarking on the overseas training.
- Those trainees who leave for overseas training before completion of the local components will need to inform the BOS of the balance training requirements to be fulfilled. This will need to be re-activated by the trainee by informing the Board before or immediately after returning from overseas training.
- The sequence of stage (IV) and (V) could be reversed only in General Paediatrics.
- A shortfall including that due to an illness during the stipulated overseas training period will be considered as incomplete training. The BOS may consider the reasons for this shortfall and impose a penalty appointment in an appropriate station/s locally, provided satisfactory progress reports have reached the BOS.

- A trainee may have to repeat part of the training or the entire training programme if he/she has shown unsatisfactory progress during overseas training.
- Flexible Stage (V) training options would be considered on case by case basis by the BOS in General Paediatrics **only under exceptional circumstances**. The recommendations will be guided by the general regulations and guidelines of PGIM/Senate.

6. RESEARCH PROJECT

A research project, directly relevant to paediatrics is a **mandatory requirement** to be eligible for the Pre-Board Certification Assessment (PBCA).

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 as part fulfilment for Board Certification.

In the case of a trainee who will opt to train in a subspecialty, he/she would need to do another research project in relation to the subspecialty.

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

The project, once completed, should be submitted as a completed research report along with a soft copy **and** evidence of publication or oral/poster presentation to be assessed and approved by the BOS.
The publication should be a first author publication in a journal and the oral/poster presentation should be first author in a scientific meeting, local or overseas approved by the BOS.

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

- Format for submission of the research proposal (Annex IX)
- Format for submission of the research report (Annex X)
- Assessment & marking scheme of project proposal by reviewer (Annex XI)
- Scientific meetings for presentation/ journals for publication of research (Annex XII)

7. IN SERVICE TRAINING ASSESSMENT (ISTA)

a. Pre MD Trainees

This is a formative assessment of trainee's performance based on

1. Mini Clinical Evaluation (MCE)-direct observation assessment or "snapshot" of a trainee-patient interaction at any setting.
2. Multisource feedback- is invaluable for assessing a trainee's performance over time in every day practice
3. Case Based Discussions (CBD)- test the trainee's clinical reasoning skills and the ability to bring an analytical approach to diagnosis and management of paediatric conditions
4. Evaluation of Teaching Skills-important component of professional development
5. Directly Observed Practical Skills (DOPS)- used to assess range of practical procedures
6. Discharge Summaries and Referral Letters (DSRL)- test the competence in written communications in every day practice.
7. Communication skills

For each period of training nominated trainer/s are required to complete the assessment. Trainer would give a feedback to the trainee regarding his/her performance at the end of each assessment.

b. Post MD Trainees

This includes

1. Multisource Feedback (MSF)
2. Directly Observed Practical Skills (DOPS) – ICU procedures
3. Case based Discussions (CBD)
4. Discharge Summaries, Referrals & Letters (DSRL)
5. Evaluation of Teaching skills
6. Communication skills-evaluate communication ability in everyday practice

Refer **Annex XIII** for Summary of In Service Training Assessment

8. PROGRESS REPORTS

The trainer should submit a progress report every six months during local and overseas training period. Satisfactory progress reports are a requirement at the Annual Review and PBCA. **Refer Annex XIV** for the local/overseas progress report form.

9. PORTFOLIO

The portfolio is a framework containing evidence of achievement of learning outcomes over time. This evidence is supplemented by the portfolio builders' reflections on their learning and can be used to provide feedback to the learner. The training portfolio should include evidence of specialized procedures, Critical care management of patients, outpatient clinic duties, specialty attendance, grand rounds, conferences, teaching courses, and on-call commitments. The portfolio should be prepared and submitted according to the format indicated in **Annex XV.** The portfolio must be built by the trainee and be up to date at all stages of training. The portfolio will be regularly supervised by the trainer. The portfolio will have to be produced at the Annual Review.

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

Using such a process, there is improved training by self-identification of strengths and weaknesses, which is expected to promote deep learning, document what the trainee already knows, identify areas for improvement and help in planning. This approach promotes self-directed learning and critical thinking skills.

The objective of maintaining a Portfolio is

- To help the trainee to record his or her training in brief so that the experience acquired can be assessed and deficiencies identified and remedied.
- To help supervisors and assessors to evaluate the overall training and provide guidance in areas where it is needed.
- Documentation of all aspects of training and learning experience by the trainee during the Paediatric training programme
    - Minimum of twenty Continuing Professional Development activities (Workshops/Seminars/Academic meetings)
    - Minimum of five Regular reflective entries on all aspects of patient care and professional training
    - Minimum of 12 case records (2 each from neonatology and subspecialties)
    - Exposure to new technologies
    - Details of the research project
    - Minimum of ten records of clinical presentations made
    - ISTA documents as specified under each stage of training
    - Six monthly progress reports

The trainee is expected to keep it updated regularly. The portfolio should be submitted for annual Review at the end of each stage of training and for PBCA.

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

10. ANNUAL REVIEW

Annual review will be performed by a panel comprising two members appointed by the BOS.

Required documents for Annual Review

- Documents related to ISTA
- Progress reports
- Portfolio

Refer A**nnex V** for the format of Annual Review Report.

It is the responsibility of the trainee to submit the relevant documents two months prior to completion of stages I, II & IV. In stage III of training it is strongly recommended to submit the relevant documents four months prior to completion of training.

The decision of the Annual Review Panel will be submitted to the BOS for ratification at the end of each stage of training.

- If the annual review of stage I training is not satisfactory, the contents would be discussed with the trainee and subsequent trainer/s, where this is deemed necessary for support and assessment purposes.
- If the annual review of stage II training is not satisfactory, the contents would be discussed with the trainee and subsequent trainer/s, where this is deemed necessary for support and assessment purposes.
- If the annual reviews of **both** stages I & II training are not satisfactory, the trainee will have to **repeat the entire stage II training** in a unit, approved by the BOS.
- If only the annual review of stage III training is not satisfactory, the trainee may have to undergo a repeat assessment by another trainer appointed by the BOS, before the 10^{th} month of training. The trainee may have to repeat the entire Stage III training in a unit approved by the BOS if his/her repeat assessment is not satisfactory.
- If the annual reviews of both stages II & III training are not satisfactory, the trainee will have to repeat the entire stage III training in a unit, approved by the BOS.

- If the annual review of stage IV is not satisfactory the trainee may have to repeat part or the entire stage IV training

11. PEER TEAM REVIEW (PTR)

The PTR **(Refer Annex XVI)** should be completed according to the instructions and submitted to the PGIM every six months by the trainee. A satisfactory PTR report and acceptance by the BOS is a requirement to sit for the MD Examination and PBCA.

12. PRE BOARD CERTIFICATION ASSESSMENT (PBCA)

All trainees are required to apply for the Pre Board Certification Assessment (PBCA) **within one month after completion of all stages of their training.**

12.1. Eligibility criteria

After the completion of the prescribed post MD training programme, to be eligible for the PBCA, the trainee should provide the following, one month before the PBCA:

- Satisfactory Annual Review reports at all stages of training
- Completed Portfolio
- Satisfactory progress reports of local and overseas training
- Satisfactory PTR

12.2. Format of the Pre Board Certification Assessment (PBCA)

- A panel of two examiners appointed by the BOS will assess the completed portfolio.
- A satisfactory Portfolio Assessment Report **(Refer Annex XVII)** is a mandatory requirement to be eligible for portfolio viva (30 minutes) conducted by minimum of two examiners.

  At the 30 minute portfolio *viva voce* the performance of the trainee will be marked by the examiners using a rating scale. The candidate will have to secure a minimum of 50% to be eligible for Board Certification.

- A power point presentation (about 15 minutes) to the BOS which should be based on local & overseas training received indicating the future vision.

PBCA failed candidate

- A trainee who fails on the portfolio assessment will be advised 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 submitted to the same panel of examiners for a second evaluation within one month. A trainee, who still fails, would undergo a third portfolio evaluation by a different panel of examiners appointed by the BOS within two months.

- Board Certification may be deferred if the candidate is unsuccessful at the portfolio assessment even after the third evaluation. Such candidates should follow a counselling session/s and should undergo a re-evaluation within a maximum period of three (3) months. If successful at the first attempt after counselling, the date of Board Certification should be backdated to the original date of Board Certification. However if unsuccessful, the date of Board certification shall be the date of passing the subsequent PBCA.

13. BOARD CERTIFICATION`

The trainee should apply for board certification following successful completion of the PBCA. (Refer A**nnex XVIII** for application for Board Certification)

14. LEAVE

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

15. ELIGIBILTY FOR BOARD CERTIFICATION OF THOSE APPLYING WITH FOREIGN POSTGRADUATE QUALIFICATIONS

Please refer general guidelines of the PGIM/Senate.

16. INTERPRETATION AND AMENDMENDS

In any matter related to interpretation of the above regulations, the decision of the Board of Study duly approved by the Board of management of the PGIM/Senate will be final. The Board of Study shall have the right to amend any provision in the above regulations with the approval of the Board of Management of the PGIM/Senate.

17. GENERAL REGULATIONS OF THE PGIM/SENATE

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

Annexes

Annex I

Curriculum for Selection examination

The emphasis of the examination will be to test the basic scientific, physiological and pharmacological principles upon which clinical practice is based.

To achieve the required standard of knowledge the candidate must be competent in the following areas:

1. Behavioural problems
2. Cardiology
3. Dermatology
4. Diabetes and Endocrinology
5. Growth and Development
6. Gastroenterology and Hepatology
7. Genetics and Dysmorphology
8. Haematology and Oncology
9. Infection, Immunity and Allergy
10. Metabolic medicine
11. Musculoskeletal
12. Neonatology
13. Nephro-urology
14. Neurology and Neurodisability
15. Nutrition
16. Ophthalmology
17. Pharmacology, Poisoning and Accidents
18. Respiratory medicine and ENT
19. Safe guarding
20. Science of practice
21. Transfusion medicine
22. Sexually transmitted diseases
23. Social Paediatrics & Epidemiology

1. Behavioural problems

- The effects of developmental difficulties and physical diseases on behaviour and vice versa
- Principles of managing common behaviour problems such as temper tantrums, breath-holding attacks, sleep problems, the crying baby, oppositional
- Behaviour, enuresis and encopresis, school refusal and bullying
- Signs and symptoms of Attention Deficit Hyperactivity Disorder (ADHD), autistic spectrum disorders and depression

2. Cardiology

- Anatomy and embryology of the normal heart
- Anatomy of the commoner types of congenital heart disease
- Development of the heart and know the abnormalities that are associated with the common congenital heart diseases
- Genetic and environmental factors in the aetiology of heart disease
- Normal fetal circulation and transitional changes after birth
- Physiological basis of myocardial function
- How blood pressure is generated, measured and interpreted
- Anatomy of the heart relates to changes in physical signs, including what underlies the heart sounds and murmurs
- How the electrical activity of the heart translates to the ECG & interpretation of ECG in cardiac disorders
- Pathophysiology of cyanosis, unexpected cardiac death, heart failure, shock, syncope, congenital heart diseases and acquired cardiac disorders
- Be able to select and interpret appropriate investigations & know the principles of management of a child with suspected cardiac pathologies
- Pharmacology of drugs used to treat common cardiac conditions, including duct dependent cyanosis, heart failure and arrhythmias
- Cardiac complications of other system disorders.

3. Dermatology

- Anatomy of the skin
- Abnormalities in skin anatomy and physiology relate to appearance, dysfunction and disease
- Injuries to the skin, including burns affect function
- Role of infective agents in skin disease
- Pharmacology of agents used to treat common skin diseases
- Potencies of topical steroids and of their side effects
- Associations between disorders of the skin and other system
- Causes, features and management of common dermatological conditions

4. Diabetes and endocrinology

- Anatomy, embryology and function of the important endocrine organs, eg brain, thyroid, parathyroid, pancreas, adrenals and gonads
- Physiological basis of growth and puberty
- Basis of anthropometric measurements and interpretation of growth charts
- Genetic and environmental factors that influence growth and puberty
- Pathophysiological basis of endocrine diseases such as diabetes and disorders of the pituitary and adrenal glands
- Pathophysiological basis of endocrine emergencies, including diabetic ketoacidosis, adrenal crisis, hypoglycaemia
- Investigation of endocrine diseases
- Causes and presentation of ambiguous genitalia
- Pharmacological basis of treatment of endocrine disorders
- Know the possible impact on endocrine organs of other system disorders and vice versa

5. Growth and development

- Normal growth and development, including puberty
- Causes of early and delayed puberty
- Common presentations associated with normal puberty (premature thelarche, adrenarche and menarche)
- Causes of short stature or slow growth and the characteristics of these conditions (including Turner's Syndrome)
- When short stature needs to be investigated and be able to discuss appropriate investigations and treatment

6. Gastroenterology and hepatology

- Anatomy and embryology of the gastrointestinal tract and how variation relates to specific disorders, eg malrotation, atresias, Hirschprung disease
- Anatomical, physiological and hormonal changes in gut and liver that occur throughout childhood
- Physiological basis of normal gut and liver function, including motility, absorption and secretion
- Role of the gut in homeostasis
- Presenting features of congenital abnormalities including Tracheo-oesophageal fistula, malrotation, bowel atresias, Hirschsprungs disease, abdominal wall defect, diaphragmatic hernia.
- Genetic and environmental factors in the aetiology of gut and liver disease
- Basic histopathology and cellular dysfunction of important disorders such as acute/chronic diarrhoea, liver & pancreatic disorders
- Principles of management gut and liver disorders such as gastroenteritis, chronic liver disease and constipation.
- Pharmacological basis of therapy in gut and liver disorders
- Common causes of upper and lower gastrointestinal bleeding

7. Genetics and dysmorphology

- Scientific basis of genetic disorders and inheritance
- Be able to construct a family tree and interpret patterns of inheritance
- Basis of molecular genetics, including fluorescent in-situ hybridisation (FISH), uniparental disomy (UPD) and epigenetics
- Chromosomal and molecular basis of genetic disorders
- Environmental factors which may affect prenatal development
- Basis of genetic screening and diagnosis, the conditions for which they are used and the ethical dilemmas they pose.
- Basis of prenatal screening and genetic counseling
- Features and management of common chromosome disorders e.g. Down, Turner syndrome

8. Haematology and oncology

- Anatomy of the reticuloendothelial system
- Changes in haematopoiesis that occur through fetus to childhood.
- Genetic and environmental factors in the aetiology of haematological disorders and malignancies
- Role of major and minor blood antigens
- Pathophysiology of disorders of haematopoiesis, coagulation and malignancy
- Be able to interpret commonly reported clotting studies
- Clinical features and principles of management of common malignancies of childhood, including retinoblastoma, Wilms tumour, lymphoma, neuroblastoma and leukaemia
- Disease associations of specific syndromes with propensity to malignancy, eg hemihypertrophy, Fanconi anaemia
- Be able to assess and manage children with anaemia (iron deficiency, haemoglobinopathy and haemolytic anaemia)
- Causes and management of bleeding & coagulation disorders

9. Infection, immunity and allergy

- Classification and essential features of infectious agents
- Host defence mechanisms and their pattern of development
- Causes and common presentations of vulnerability to infection, including primary/secondary immunodeficiency
- Mechanisms of maternal to fetal transmission of infection and the clinical manifestations of these infections
- Pathophysiology of fever and sepsis and the scientific rationale for treatment
- Epidemiology, pathology, natural history and management of common infections of childhood such as tuberculosis, leptospirosis, malaria, filariasis, poliomyelitis, rabies and dengue fever
- Epidemiology, pathogenesis, management and prevention of common helminthic diseases
- Nosocomial infections
- Basic principles of infection control
- Scientific basis of immunization and the indications, contraindications and complications of routine childhood immunizations.
- Pharmacology and rational use of antimicrobials
- Genetic and environmental factors in the aetiology of allergic and autoimmune disorders
- Understand the scientific basis of atopy and anaphylaxis and the rationale for treatments

10. Metabolic medicine

- Biochemistry of metabolism, including urea cycle, Krebs cycle, fatty acid cycle
- Pathophysiology of metabolic disorders, eg electrolyte and acid base disturbance, hypoglycaemia
- Demonstrate knowledge of Electrolyte & Acid-Base Balance, and interpret relevant investigations
- Genetic and environmental factors in the aetiology of metabolic disorders and prevention of such disorders
- Investigations that are used in the screening and diagnosis of metabolic disorders
- Causes and investigation of metabolic bone disease
- Principles of management including dietary, vitamin and pharmacological treatment of metabolic diseases

11. Musculoskeletal

- Anatomy of the musculoskeletal system
- Histology and understand the physiology of normal muscle and understand how structure relates to function
- Pathophysiological changes which occur in muscle and joint disorders
- Genetic and environmental factors in the aetiology of musculoskeletal disorders
- Normal variations of limb development e.g. Bow legs and knock knees, in-toeing, flat feet
- Causes of a limp and scoliosis
- Investigations used in the diagnosis and principles of management of common musculoskeletal disorders such as rickets, connective tissue disorders and septic arthritis
- Disease associations of rheumatological conditions with other conditions, including eye disease and metabolic disorders.
- Non-pharmacological methods & pharmacological agents used in the treatment of musculoskeletal disease

12. Musculoskeletal

- Anatomy of the musculoskeletal system
- Histology and understand the physiology of normal muscle and understand how structure relates to function
- Pathophysiological changes which occur in muscle and joint disorders
- Genetic and environmental factors in the aetiology of musculoskeletal disorders
- Normal variations of limb development e.g. Bow legs and knock knees, in-toeing, flat feet
- Causes of a limp and scoliosis
- Investigations used in the diagnosis and principles of management of common musculoskeletal disorders such as rickets, connective tissue disorders and septic arthritis
- Disease associations of rheumatological conditions with other conditions, including eye disease and metabolic disorders.
- Non-pharmacological methods & pharmacological agents used in the treatment of musculoskeletal disease

13. Neonatology

- Embryology of the human fetus from conception to birth and how errors in this process can lead to diseases or congenital anomalies
- Normal physiological processes occurring during the perinatal period
- Physiological basis of neonatal resuscitation
- Scientific basis and principles of management of common diseases and conditions affecting the newborn, including prematurity
- Causes and management of acquired and congenital infections in the newborn period
- Principles of infection control in a neonatal unit
- Physiology and principles of treatment of jaundice in the neonatal period
- Causes and mechanism of brain injury in term and preterm infants and its relationship to short and long term neurodevelopmental sequelae understand neonatal seizures or abnormal neurological status including the floppy baby
- How to interpret of blood gases in a sick neonate
- Principles of fluid and electrolyte management and nutrition in the neonate
- Advantages of breast feeding, composition of breast milk & formula/unmodified milk
- Issues related to lactation during various maternal & fetal disorders
- Principles and practice of newborn screening.

14. Nephro-urology

- Anatomy and embryology of the renal tract
- Physiology of normal kidney and bladder
- Pathophysiology and the histopathological changes that occur in renal disorders
- Pathophysiological mechanisms resulting in hypertension
- Genetic and environmental factors in the aetiology of renal and bladder disorders
- Knowledge and understanding of the manifestations of renal diseases, acute and chronic
- Demonstrate an understanding of manifestations and management of urinary tract infections in different age groups, nephrotic syndrome, nephritic syndrome, enuresis and acute/chronic renal insufficiency
- Causes of haematuria and proteinuria, recognize features in the presentation which suggest serious or significant pathology (including nephrotic syndrome and acute nephritis)
- Scientific basis of imaging and physiological investigations used in renal disorders
- Pharmacology of agents commonly used in renal disorders
- Physiological basis of renal dialysis and haemofiltration
- Disease associations of renal conditions with other conditions, eg HUS, deafness, hepatorenal syndrome.

15. Neurology and neurodisability

- Anatomy and understand the physiology of the central and peripheral nervous systems
- Genetic and environmental factors in the aetiology of neurological disorders and neurodisability
- Physiological basis of brain function and how this relates to electrical activity, including that seen on the EEG
- Antenatal diagnosis of neural tube defects
- Scientific principles of other neurophysiological studies, eg EMG, Nerve conduction studies & otoacoustic emissions
- Physiological and pathophysiological changes that occur in neurological disorders, including migraine, raised intracranial pressure, idiopathic intracranial hypertension, epilepsy
- Discuss common causes of headaches and head injury, including management
- Common causes & management of hydrocephalus, macrocephaly and microcephaly.
- Current theories of the pathophysiology of neurodevelopmental disorders, including cerebral palsy
- Importance of CSF analysis for diagnosis of neurological conditions, including infections
- Causes and management of meningitis/encephalitis and altered consciousness
- Pharmacological agents commonly used in neurological diseases, including antiepileptic drugs
- Scientific basis of non-pharmacological treatments for the management of neurological disorders and neurodisability, eg ketogenic diet
- Disease associations of neurological conditions with other conditions, eg eye disease, metabolic disorders
- Scientific basis of normal and disordered neurodevelopment in childhood.
- Definition and concepts of disability and what this means for the child and family
- Be familiar with the common causes of disability, disordered development and learning difficulties
- Local services/disability allowances
- Need for multidisciplinary team input in the care of the disabled child and be aware of the work of the child development team and centre
- Need to work with other services as required including education, social services, child protection.
- Be aware of the presentation and types of muscular disease

16. Nutrition

- Principles of body composition in children and its basic assessment, eg weight, BMI
- Scientific basis of nutrition
- Physiological basis of normal enteral nutrition and its variation throughout childhood
- Constituents of a healthy diet at all ages, including the breast and formula feeding in infancy
- Constitution of infant feeds commonly used in health and disease
- Causes of malnutrition including organic and non-organic causes
- Principles and methods of dietary supplementation, eg calories, vitamins, minerals
- Principles of nutritional management in childhood disease, eg neonates, renal & liver disorders, intensive care
- Assessment, epidemiology and public health consequences of obesity
- Possible nutritional consequences of being underweight and overweight on short & long-term health
- Epidemiology of obesity and malnutrition in global child health

17. Ophthalmology

- Anatomy and embryology of the eye
- Structure of the eye relates to function
- Normal development of vision and the pathophysiology of visual impairment
- Physiology of the eye and its movement, eg pupillary reflexes, anisocoria, strabismus, refractive errors, nystagmus
- Genetic and environmental factors in the aetiology of eye disorders
- Common causes and management of red eye
- Common causes and management of an absent red reflex, ptosis and proptosis
- Causes, types and management of squint
- Recognition and investigation of blindness particularly in infants including vitamin A deficiency
- Eye manifestations of common systemic and genetic diseases.

18. Pharmacology, poisoning and accidents

- Mode of action, physiological and metabolic mechanisms of therapeutic agents, including intravenous fluids
- Cautions, contraindications and undesired effects of therapeutic agents
- Pharmacokinetics of commonly used medicines and the relationship to renal and other organ function
- Safe prescribing through use of paediatric formularies.
- Indications for prescribing drugs in common paediatric problems
- Drug interactions and side effects when more than one drug is prescribed
- Mode of action, physiological and metabolic mechanisms and consequences of substances taken without medical advice for recreational use or self-poisoning
- Psychosocial links with drug and substance abuse in children and young people
- Physiological, metabolic mechanisms, consequences and management of accidents, including trauma, drowning & poisoning
- Epidemiology and psychosocial links of accidents in children

19. Respiratory medicine and ENT

- Anatomy and embryology of the respiratory tract and the ear
- Physiology of respiration in health and disease
- Physiology of mechanical ventilation
- Changes that occur in the respiratory system during sleep
- Obstructive sleep apnoea and its management
- Physiological, pathophysiological and histological changes that occur in respiratory disease
- Genetic and environmental factors in the aetiology of respiratory diseases and disorders of the ears, nose and throat
- Be able to interpret and select appropriate respiratory investigations, eg blood gases, spirometry.
- Be able to discuss the assessment and management of children with acute asthma and plan long term management
- Long term complications of medications used for asthma
- Discuss the causes of stridor and its management
- Pathophysiology of chronic lung disease and understand the principles of treatment
- Pharmacological agents commonly used in respiratory disease, eg asthma, infections
- Scientific basis of non-pharmacological interventions in respiratory disease, eg physiotherapy
- Disease associations of respiratory conditions with systemic conditions, eg sarcoidosis, SLE

20. Safeguarding

- Different presentations of non accidental injury –physical, emotional, sexual, neglect and fabricated illness
- Discuss the socio-economic factors that predispose to NAI
- Steps to be taken when NAI is suspected – understand the local referral pathway and key professionals who can help
- Current government policies such as the children's act

21. The science of practice

- Principles and use of statistical testing
- Principles of research methodologies
- Principles of evidence based medicine and its limitations
- Principles of clinical audit
- Principles of population screening and epidemiology
- Main indices of population child health and their significance

22. Transfusion Medicine

- Should have a knowledge of the principles of pre-transfusion investigations including ABO/Rh testing, RBC antibody screening, and antibody identification
- Symptoms and signs of haemolytic and non-haemolytic transfusion reactions, the pathophysiology, treatment outcomes and prevention of transfusion reactions
- Major infectious complications of blood transfusions and how these infections can be prevented
- Long term complications of repeated blood transfusions and prevention

23. Sexually Transmitted diseases

- How to diagnose, manage and prevent perinatal transmission of sexually transmitted infections
- Interpret the results of laboratory tests for sexually transmitted infections and their limitations.

24. Social Paediatrics & Epidemiology

- Distribution of diseases in the community
- Recognize social determinants of child and youth health
- Identify and early intervention of preventable diseases in the community
- Health, educational and community services available for child care

Annex II

MD Selection Examination OSCE -Blue print

	Clinical Station (Live)	Clinical station (Live)	Clinical station (Videos/picture	Clinical station (videos/picture	Clinical station (video/picture)	investigations	investigations	Investigations	Management	Management	Communication	Communication	Task 1	Task 2	Task 3
Cardiovascular system															
Respiratory system															
Central nervous system															
Gastrointestinal system															
Genito urinary tract															
Musculoskeletal															
Growth															
Developmental															
Neonatal															
Haematology and oncology															
Miscellaneous															

* Tasks include performing a specific request such as writing a diagnosis card, filling a transfer form, writing a prescription etc.....

ANNEX III

Additional training courses/generic skills/ lectures during MD training

Learning content	Activity	Stage	Duration
Neonatal Advanced Life Support course	Workshop	Before commencement of training/ I	One day
Essential Newborn Care (ENCC)	Workshop	Before commencement of training/ I	Five days
Breast Feeding Counseling Course	Workshop	Before commencement of training/ I	Five days
Advanced Paediatric Life Support Course	Workshop	I	Three days
Workshop on Dengue fever	Workshop	I/II	One day
How to get your research published	Workshop	Any	5 days
Interpretation of ECG	Workshop	III	4 h
Interpretation of EEG	Workshop	III	4 h
Interpretation of lung function testing	Workshop	III	4 h
Interpretation of EMG & nerve conduction studies	Workshop	I	4h
Ethics, Legal Issues & Professionalism	Workshop	IV	One day
Tuberculosis	Workshop	I	One day
Communication skills	Workshop	I/II & IV	1 day
Sexually transmitted diseases	Lecture series	I	4 h
Management of a child with Oro-Maxllofacial defects	Clinic visits & lecture	I	One day
Child protection, probation and social services	Lecture	I	
Nutrition and growth	workshop	I	2 days
Primary health care services & health education	Lecture	I	
Immunization & disease surveillance	Lecture	I	
Safe & cost effective prescribing/drug regulation	Lecture		6 hrs
Deaf & Blind School	Study Day	I	2 days
Medical Research Institute	Study day	I	2 days

Learning content	Activity	Time
Management of electrolyte imbalance	Lecture	2 h
Management of acid base disorders	Lecture	2 h
Management of Acute and chronic renal insufficiency	Lecture	2 h
Management of neurogenic bladder	Lecture	2 h
Management of hypertension	Lecture	2 h
Growth disorders	Lecture	2 h
Diabetes mellitus	Lecture	2 h
Ambiguous genitalia & other endocrine disorders	Lecture	2 h
CNS examination	Lecture	2 h
Assessment of a child with development delay	Lecture	2 h
Evaluation of Neuro-regressive Disorders	Lecture	2 h
Common dermatological problems	Lecture	2 h
Common Paediatric Eye disorders	Lecture	2 h
Common Paediatric connective tissue disorders	Lecture	2 h
Critical appraisal of a journal article	Lecture	2 h
Health services in Sri Lanka	Lecture	2h
National, Regional and Global Health policies and health economics, health statistics and their applications	Lecture	2h

Annex IV

POST GRADUATE INSTITUTE OF MEDICINE
UNIVERSITYOF COLOMBO, SRI LANKA
INSERVICE TRAINING ASSESSMENT
MD Paediatrics

Case Based Discussion (CBD)

Trainee's name: _

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

Training Centre: _

Year of training: | 1 | 2 | 3 | 4 |

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

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

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

Other (Please specify): | |

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

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 strength/weakness	Suggestion for development
Agreed action	

Assessor's position: Consultant ☐ Senior Registrar ☐

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

Trainee's comments:

Trainee's signature: ----------

POST GRADUATE INSTITUTE OF MEDICINE

UNIVERSITYOF COLOMBO, SRI LANKA

IN SERVICE TRAINING ASSESSMENT

MD Paediatrics

MINI CLINICAL EVALUATION (MCE)

Trainee's name: _____

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

Training Center: _____

Year of training: 1 2 3 4

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

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

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

Other (Please specify): _____

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

Please grade the below areas using the given scale:

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

****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
Agreed action	

Assessor's position: Consultant ☐ Senior Registrar ☐

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

Trainee's comments:

Trainee's signature: ----------

POST GRADUATE INSTITUTE OF MEDICINE

UNIVERSITYOF COLOMBO, SRI LANKA

IN SERVICE TRAINING ASSESSMENT

MD Paediatrics

MULTI SOURCE FEEDBACK (MSF)

Trainee's name: _

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

Training Center: _

Year of training: | 1 | 2 | 3 | 4 |

Length of working relationship (in months):

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

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 co-ordinate 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
Agreed action	

Assessor's position: Consultant ☐ Senior Registrar ☐

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

Trainee's comments:

Trainee's signature: ----------

POST GRADUATE INSTITUTE OF MEDICINE

UNIVERSITYOF COLOMBO, SRI LANKA

IN SERVICE TRAINING ASSESSMENT

MD Paediatrics

DIRECTLY OBSERVED PROCEDURAL SKILLS (DOPS)

Trainee's name: ____

Date of assessment (dd/mm/yyyy): [ ] [ ] [ ]

Training Center: ____

Year of training: 1 2 3 4

Clinical setting: In-patient ☐ ETU/OPD ☐ Neonatal unit ☐ Intensive Care unit ☐

Other (Please specify): [ ]

Please insert a brief summary of the procedure observed

[ ]

Please grade the below areas using the given scale:

	Unsafe	**Below Expectations**	**Borderline**	**Meets Expectations**	**Above Expectations**	**Well above Expectations**	**Unable to comment**
	F	E	D	C	B	A	
Demonstrates understanding of indications relevant anatomy, technique of procedure							
Obtains informed consent							
Demonstrate appropriate preparation pre-procedure							

Appropriate anaesthesia/ sedation							
Technical ability							
Aseptic technique							
Seeks help where appropriate							
Post procedure management							
Communication skills							
Consideration of patient/ professionalism							
Overall ability to perform procedure							

****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
Agreed action	

Assessor's position: Consultant ☐ Senior Registrar ☐

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

Trainee's comments:

Trainee's signature: ----------

POST GRADUATE INSTITUTE OF MEDICINE

UNIVERSITYOF COLOMBO, SRI LANKA

IN SERVICE TRAINING ASSESSMENT

MD Paediatrics

ASSESSMENT OF TEACHING SKILLS

Trainee's name: _

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

Training Center: _

Year of training: 1 2 3 4

Clinical setting: In-patient ☐ ETU/OPD ☐ Neonatal unit ☐ Intensive Care unit ☐

Other (Please specify): _____

Please insert a brief summary of the teaching skill assessed

Please grade the below areas using the given scale:

	Unsafe	Below Expectations	Borderline	Meets expectations	Above Expectations	Well above expectations	Unable to comment
	F	**E**	**D**	**C**	**B**	**A**	
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
Agreed action	

Assessor's position: Consultant ☐ Senior Registrar ☐

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

Trainee's comments:

Trainee's signature: ----------

POST GRADUATE INSTITUTE OF MEDICINE

UNIVERSITYOF COLOMBO, SRI LANKA

IN SERVICE TRAINING ASSESSMENT

MD Paediatrics

COMMUNICATION SKILLS

Trainee's name: _____

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

Training Center: _____

Year of training: | 1 | 2 | 3 | 4 |

Clinical setting: In-patient ☐ ETU/OPD ☐ Neonatal unit ☐ Intensive Care unit ☐

Other (Please specify): _____

Please insert a brief summary of the communication scenario assessed

Please grade the below areas using the given scale:

	Unsafe	**Below Expectations**	**Borderline**	**Meets Expectations**	**Above Expectations**	**Well above Expectations**	**Unable to comment**
	F	E	D	C	B	A	
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
Agreed action	

Assessor's position: Consultant ☐ Senior Registrar ☐

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

Trainee's comments:----------

Trainee's signature: ----------

POST GRADUATE INSTITUTE OF MEDICINE

UNIVERSITYOF COLOMBO, SRI LANKA

IN SERVICE TRAINING ASSESSMENT

MD Paediatrics

Discharge Summaries, Referrals & Letters (DSRL)

Trainee's name: _

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

Training Center: _

Year of training: | 1 | 2 | 3 | 4 |

Clinical setting: In-patient ☐ ETU/OPD ☐ Neonatal unit ☐ Intensive Care unit ☐

Other (Please specify): _____

Please insert a brief summary of the scenario assessed

Please grade the below areas using the given scale:

	Unsafe	**Below Expectations**	**Borderline**	**Meets Expectations**	**Above Expectations**	**Well above Expectations**	**Unable to comment**
	F	E	D	C	B	A	
Problem List							
Is there a medical problem list?							
Are any obvious and 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 or non-investigation recorded?							
Are the reasons for the above plan adequately justified?							
Are all the known treatments, or absence of treatment, recorded clearly?							
Are all the doses clearly stated in formal units?							
Is adequate justification given for any changes to treatment?							
Is there an adequate record of information shared with the family?							
Follow up							
Is it clear whether or not hospital follow-up is planned?							
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?							

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

**** 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: ----------

Annex V

POST GRADUATE INSTITUTE OF MEDICINE

UNIVERSITYOF COLOMBO, SRI LANKA

MD Paediatrics

ANNAUL REVIEW REPORT

Trainee's name: _

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

Training Center: _

Stage of training: | 1 | 2 | 3 | 4 |

Speciality: ----------

Members of the Panel

1. ---------- 2. ----------

Documents reviewed

1. Progress reports
2. In-service training assessment forms
3. Portfolio

Progress reports

Overall performance as stated by the trainer: Satisfactory/Unsatisfactory/

Superior/Not commented

Performance in In Service Training Assessments

Over 50% assessments are — borderline/below expectations/ unsafe
above expectations/ well above expectations

Over75% assessments are — borderline/below expectations/ unsafe
above expectations/ well above expectations

Portfolio evaluation

Satisfactory/Unsatisfactory/Incomplete

Observations of the review panel

Satisfactory progress ☐

Unsatisfactory progress ☐

Insufficient evidence ☐

Recommended outcome by the review panel

1. Development of specific competences required – additional training time not required ☐
2. Inadequate progress and poor performance by the trainee – additional training time required ☐
3. Incomplete evidence presented – further documentation must be supplied ☐

Reasons for recommended outcome

Suggestions for improvements

Recommended additional training period if required (in months) ☐

Discussion with the trainee required Yes/No

Signature of the panel members

1.---------- 2.----------

ANNEX VI

CURRICULUM – GENERAL PAEDIATRICS

General Competencies

Good clinical care

- Effective responses to challenge, complexity and stress in paediatrics
- effective skills in paediatric assessment & decision making
- skills in formulating an appropriate differential diagnosis in paediatrics
- effective initial management of ill-health and clinical conditions in paediatrics seeking additional advice and opinion as appropriate
- leadership skills of management of common and complex conditions in General paediatrics and Paediatric subspecialties seeking additional advice and opinion as appropriate
- knowledge, understanding and recognition of common, behavioural, emotional and psychosocial aspects of illness in children and families
- safe and effective practical skills in paediatrics
- Effective skills in written communications for a range of audiences, for children and their families, colleagues and other organizations
- reliable responses to investigations in paediatrics
- knowledge and skills in safe prescribing of common drugs in paediatrics
- an understanding of safeguarding and vulnerability in paediatrics
- independent thinking to enable them to challenge guidelines and procedures in Paediatrics where appropriate
- effective skills to maintain and develop knowledge and clinical skills required of a specialist in Paediatrics

Communication skills

Competencies in communication are fundamental components of the paediatric curriculum. Patient centred and compassionate communication skills that promote collaborative partnership would be integrated into core competencies of the curriculum; knowledge, physical examination and problem solving skills. The trainee is expected to develop

- Effective strategies to engage children in consultation and in the management of their care
- Effective skills in conveying and discussing difficult information including death, bereavement with young people and their families
- Ability in conducting case conferences
- Skills to communicate with a family in a way appropriate to their own culture
- Effective skills in collaborating with other specialists in using and interpreting complex investigations undertaken in children.

Working with colleagues

- Effective Communication and interpersonal skills with colleagues
- Professional respect for the contribution of colleagues in a range of roles in paediatric practice
- Effective time management skills
- An understanding of the effects of local, national and international policies on their work and on the health of children
- Effective leadership skills in the organization of paediatric team working and effective handover, referral and discharge procedures in paediatrics

Probity

(details the high standards of care and professional behaviour within paediatrics and the medical profession as a whole)

- Ethical personal and professional practice in providing safe clinical care
- Reliability and responsibility ensuring their accessibility to colleagues and patients and their families
- Exemplary professional conduct so act a s a role model to others in providing safe clinical care

Law, ethics & Professionalism

- detailed knowledge of the law regarding death, data protection, confidentiality and consent in paediatrics
- Apply relevant legislation and ethical frameworks to the exchange of information
- Understand and advocate for rights of children

Health Advocacy

- Advocate for child-friendly clinical and governmental and non-governmental support services for infants, children, young people and their families
- Liaise with stakeholders

Research

- Appraise literature demenstraing and understanding of diffent research methodology and different means of analysis
- Identify range of sources of research publication and electronic databases
- Evaluate research and apply principles of evidence-based medicine
- Formulate a research question and design a study

Teaching, Training, Assessing & Appraising

- a commitment to effective teaching and training of colleagues working in different contexts in the care of children and young people
- effective skills in the training, supervision and assessment of a wide range of colleagues working in the care of children and young people
- understanding and application of complex methodological approaches in research in paediatrics

Information Technology

The Trainee should be able to:

- Search medical literature using PubMed, Medline, Cochrane Data Base, WHO RHL and the Internet.
- Use IT for patient care and for personal development.
- Use databases, word processing techniques, statistical programmes and electronic mail.
- Adopt a proactive and enquiring attitude towards new technology.
- Understand the principles and be able to use computing systems for data collection, storage, retrieval, analysis and presentation.
- Maintain confidentiality of data collected.

Standards, Audits and Clinical Governance

The Trainee should be able to:

- Understand quality improvement and management, and the principles of evidence-based practice, types of clinical trial/evidence classification and grades / strength of recommendations.
- Identify and formulate auditable clinical standards.
- Recognise the need for audit in clinical practice to promote standard setting and quality assurance.
- Formulate clinical guidelines and care pathways and protocols.
- Use patient feedback questionnaires, hospital sources and national reference data to carry out clinical audits.
- Interpret and use clinical audit cycles to improve patient care and services and risk management and formulate recommendations.
- Review evidence and contribute to the construction, evaluation, review and updating of local (and national) guidelines and protocols of good practice using the principles of evidence based medicine.
- Support audits being undertaken by junior medical trainees and within the multidisciplinary team.
- Listen to and reflect on the views of patients and relatives, dealing with complaints in a sensitive and cooperative manner.
- Contribute to local and national audit projects as appropriate.
- Critically appraise publications, multicentre trials, systematic reviews which address clinical questions.
- Discuss the relevance of evidence in the clinical situation and critically evaluate a care pathway, and apply conclusions from critical appraisal to clinical care.
- Acknowledge and show regard for individual patient needs when using guidelines
- Appreciate the advantages and disadvantages of guidelines and protocols, and use them appropriately.
- Recognise the need to practice outside clinical guidelines.
- Analyse feedback and comments and integrate them into the service.
- Act as an advocate for the service.
- Keep up to date with national reviews, key new research and guidelines of practice.

Risk Management

The Trainee should be able to:

- Understand the principles of risk management and their relationship to clinical governance and complaints procedures.
- Understand the basic measures of risk and uncertainty.
- Be aware of particular issues pertinent to the specialty and specifically to trainees.
- Understand potential sources of risk and risk management tools, techniques and protocols.
- Understand best practice, transparency and consistency.
- Recall side effects and contraindications of prescribed medications.
- Outline human factors theory and understand its impact on safety.
- Understand and carry out root cause analysis.
- Understand and be able to report and review critical incidents.
- Outline local procedures and protocols for optimal practice including early warning systems.
- Outline the hazards of clinical equipment in common use.
- Outline methods and associated problems of quantifying risk e.g. cohort studies.
- Outline the concepts and drawbacks of quantitative assessment of risk or benefit Eg numbers needed to treat, numbers needed to harm.
- Explain how relative and absolute risks are derived and the meaning of the terms: predictive value, sensitivity and specificity, in relation to diagnostic tests.
- Use a reflective approach to practice with an ability to learn from previous experience.
- Participate in risk management.
- Access advice on occupational hazards from a range of sources.
- Assess and analyse situations, services and facilities in order to minimise risk to patients, the public and colleagues.
- Monitor the quality of equipment and safety of working environment relevant to the specialty (personal, clinical and organisational settings).
- Adopt strategies to reduce risk.
- Discuss risks with patients.
- Document adverse / critical incidents.

- Investigate adverse / critical incidents: Root cause analysis, Assess risk, Formulate recommendations, Debrief staff and Prepare a report.
- Recognise limits of own professional competence and only practice within these.
- Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so.
- Ensure the correct and safe use of clinical equipment, ensuring that faulty equipment is reported appropriately.
- Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic interventions.
- Sensitively counsel a colleague following a significant untoward event, to encourage improvements in the practice of individuals and the unit.
- Construct concise and applicable problem lists using available information.
- Understand processes for dealing with and learning from clinical errors, including the management of complaints procedures risk management incidents/ near miss reporting / complaints management / litigation and claims management.
- Keep abreast of national patient safety initiatives.
- Be aware of how healthcare governance influences patient care, research and educational activities at a local, regional and national level.
- Ensure patient/ user involvement.
- Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient.
- Search and comprehend medical literature to guide reasoning.
- Demonstrate respect to and accept patients' views and choices.
- Seek advice/assistance when concerned about patient safety.
- Display eagerness to use evidence in support of patient care when evaluating risk.
- Communicate risk information, and risk benefit trade-offs, in ways appropriate for individual patients.
- To take responsibility for clinical governance activities, risk management and audit in order to improve the quality of the service.
- Show probity by being truthful and be able to admit error to patients, relatives and colleagues.

- Demonstrate the ability to act constructively when a complaint is made and use assessment, appraisal and reflection as insight to understand one's own development needs.
- Develop awareness of equity in healthcare access and delivery.
- Maintain a high level of safety awareness and consciousness at all times.
- Encourage feedback from all members of the team on safety issues and encourage discussion amongst colleagues on evidence-based practice.
- To take action when concerns are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others.
- Maintain a portfolio of information and evidence, drawn from own clinical practice.
- Engage with an open, no blame culture.
- Respond positively to outcomes of audit and quality improvement.
- Co-operate with changes necessary to improve service, quality and safety.

Health Services in Sri Lanka

The Trainee should be able to:

- Understand the structure and the organization of the Institutional and field health services in Sri Lanka.
- Recognize the Minister of Health and the Deputy Minister of Health as the political leaders of the Ministry of Health (MoH) and the Secretary, the Additional Secretaries of MoH as the policy makers. Recognize the Director General of Health Services (DGHS) as the Head of the Department.

  Recognize the DGHS and the Deputy Directors (General Administration, Public Health Services, Medical Services, Laboratory Services, Management Development & Planning, Education Training & Research, Investigation, Bio Medical Engineering, Oral Health, Finance, Buildings & Logistics,) as the technical experts of the MoH.
- Recognize that both public and private sectors provide health care in Sri Lanka, with the public health sector providing nearly 60% of health care.
- Understand that Department of Health Services and the Provincial Health Sector encompass the entire range of preventive, curative, and rehabilitative health care provision in Sri Lanka.

- Recognize alternative medicine that is practised in Sri Lanka, whilst allopathic system of medicine caters to the needs of the majority of the people of Sri Lanka.
- Recognize that the majority of the population has easy access to a reasonable level of health care facilities provided by both state and private sector in most parts of the country.
- Appreciate a health care unit can be found on an average not more than 1.4km from any home and free western type government health care is available within 4.8km of a patient's home.

National Regional and Global Health Policies and Health Economics

The Trainee should be able to:

- Understand the broad aims of national health policy mainly with regard to maternal and child health.
- Recognize two broad health policies,
  (a) to further increase life expectancy by reducing preventable deaths due to communicable and non-communicable diseases
  (b) to improve the quality of life by reducing preventable diseases, health problems and disability; and also to emphasize the positive aspects of health through health promotion.
- Recognize the following as priority areas needing attention;
  Preventive healthcare; strengthening existing medical facilities; non equitable access to health care; inadequate quality of health care ; ensuring the dignity of the individuals; Providing basic health care free of cost; access to safe, effective, affordable and acceptable methods of family planning; system efficiency and cost effectiveness; implementation of a national drug policy; mal-distribution of resources; interrelationship between governmental and private sector; poor research output; human resource development and emerging new health needs.
- Describe the mechanism of implementation of national and regional health policy.
- Describe all the millennium development goals and the current status of the MDG 4 and 5.
- Understand the difference between a 'pro-poor 'and a 'pro-rich' health policy, and how a 'pro-poor' health policy has helped Sri Lanka to achieve its targets.

- Recognize the global health policy as, collective global action to achieve the highest attainable standard of health and wellbeing for the world's people.
- Describe the global health initiative and the relevant UN agencies and stakeholders.

Health Statistics and their Applications

The Trainee should be able to:

- Demonstrate an adequate knowledge regarding the value and the use of population demographics, birth rates, death rates and life expectancies with reference to Sri Lanka.
- Define and describe health statistics with reference to Sri Lanka. Eg. maternal mortality, perinatal mortality, fetal deaths, still births, neonatal deaths, post neonatal deaths, low birth weight and preterm birth.
- Recognise the value and the use of health statistics in monitoring, evaluating and comparing outcomes and quality of care in-between hospitals, regions and countries.
- Describe the mechanisms used to obtain data, and monitor and evaluate health statistics in Sri Lanka as well as in other well-resourced countries.

General Paediatric Medicine

Paediatric Care in Inpatient Settings

- Consult and assess common and uncommon paediatric medical conditions
- Investigate and manage patients with acute conditions
- Assess and manage infants, children and young people with complex, multisystem and/or
  chronic disorders
- Design and communicate a discharge treatment plan
- Apply knowledge and skills for end-of-life care

Paediatric Care in Emergency Settings

- Recognize, prioritize and manage an acutely ill infant, child or young person
- Assess and manage severe trauma and urgent life-threatening conditions
- Perform acute resuscitation and advanced life support
- Manage acute pain
- Describe triage procedures

- Stabilize the patient until transfer to definitive care
- Co-ordinate diverse subspecialties until transfer
- Demonstrate composure, leadership and appropriate delegation
- Perform procedures in emergency settings
- Communicate with family

Pain management

- Measurement of pain
- Pain management including non-pharmacological and pharmacological management
- Commonly available analgesics, pharmacokinetics, potency, efficacy in pain management and adverse effects and drug interactions
- Principles of Pain management acute and chronic

Paediatric Care in Neonatal/Perinatal Settings

- Describe principles of foetal medicine and identify common congenital problems
- Anticipate and deal with neonatal problems arising from high-risk pregnancies
- Assess and manage healthy newborn
- Perform resuscitation of neonates and manage mechanical ventilation
- Manage retrieval of neonates
- Manage acute care in pre-term and full-term neonates
- Perform procedures on neonates
- Assess and manage jaundice in neonates
- Assess and manage long-term problems pertaining to premature and low birth weight infants
- Explain principles of infant feeding

Paediatric Care in Paediatric Intensive Care

- Perform procedures in advanced paediatric life support
- Assess and manage infants, children and young people with diabetic ketoacidosis
- Assess and manage infants, children and young people with electrolyte/acid base/nutritional
- abnormalities

- Assess and manage infants, children and young people with potential cardiac, respiratory or neurological emergencies or acute sepsis
- Manage transfer of an unwell newborn, infant, child or young person
- Explain pre and postoperative care of major surgery
- Describe indications for end-stage organ failure and transplantation

Outpatient Care

- Personal responsibility for the assessment and review of General Paediatric out-patients
- Implement sound management plan with patients and their families
- Communicate, refer and co-manage cases requiring paediatric subspecialist involvement
- Demonstrate time management
- Identify issues faced by care givers
- Evaluate importance continuity of care in follow-up cases

Community Care

- Counsel and educate parents about parenting styles, behaviour management, resources and support
- Work in a community context and with outreach services
- Understand and interpret public health policy and legislation

Developmental and Behavioural Paediatrics

- Assess and manage infants, children and young people with developmental delay/disabilities
- Describe role of allied health care teams when managing infants, children and young people with developmental delays/disabilities
- Assess and manage children and young people with attention deficit hyperactivity disorder
- Assess and manage children and young people with autism spectrum disorder (ASD)
- Assess and manage children and young people with learning difficulties/disorders
- Assess and manage children and young people with functional developmental, behavioural and learning problems

- Recognize, triage, refer and manage where appropriate children and young people with common mental health conditions

Adolescent medicine

- Assess and mange conditions particular to adolescents
- Assess and manage chronic illness in adolescents
- Describe implications of transition to adult life

Child Protection

- Work with government and community services
- Recognize, assess and manage children and young people who have been physically and sexually abused
- Recognize, assess and manage children and young people who have been neglected, emotionally abused, and who fabricate and/or induce illness
- Advocate for children and young people who have suffered abuse or neglect
- Develop medico-legal skills in evaluation and presentation of evidence

Child population health

- Outline child health priorities of nationally and internationally
- Explain distribution of diseases in the community
- Recognize social determinants of child and youth health
- Recognize need for prevention and early intervention at a population level
- Explain policy context for children and young people
- Collaborate with health, education and community services
- Explain benefits of a healthy lifestyle
- Assess and manage risks to health as a result of travelling
- Describe changing patterns of disease
- Demonstrate awareness of major issues surrounding global child health
- Demonstrate understanding of environmental changes and their impact on child health
- Demonstrate understanding of principles and processes of managing child health in event of a disaster

Procedural skills

- Venepuncture and I.V. line placement.
- Arterial puncture and arterial line placement.
- Umbilical arterial & venous placement
- Nasogastric tube placement
- Tracheal intubation.
- Ventilation
- Cardiopulmonary Resuscitation
- Pleural aspiration
- Methods of oxygen delivery
- Intercostal drain insertion/management of the tube
- Abdominal paracentesis
- Bladder catherisation
- Suprapubic aspiration
- Cardioversion
- Bone marrow aspiration
- Intraosseous access/transfusion
- Lumbar puncture
- Central venous line placement
- Mechanics of ventilators and monitoring equipment
- Basic airway management
- Spirometry and use of Peak flow meter
- Blood grouping and cross matching
- Tracheostomy care and management of immediate complications

Essential Training experience

(1) Accident & Emergency Paediatrics

- Acute airways problems e.g., foreign body, croup, bacterial tracheitis, epiglottitis.
- Systemic Infections: dengue haemorrhagic fever, septicemia, scalded skin syndrome.
- Metabolic emergencies: hypoglycaemia, dehydration, hypernatraemia.
- Unconscious child: differential diagnosis, including child abuse.
- Child Abuse: spectrum of acute presentation, suspicious injuries, talking to parents.
- Life threatening emergencies: peripheral circulatory collapse, status epilepticus, cardiorespiratory arrest, status asthmaticus
- Management of acute poisoning and snake bites
- Acute management of severe burns
- Management of head injury/cervical spine injury

(2) Cardiovascular

- Tachyarrhythmias and bradyarrhythmias
- Acute heart failure.
- Congenital heart disease

Common cyanotic lesions

e.g. Tetralogy of Fallot, transposition of the great arteries and tricuspid Atresia

Common acyanotic lesions

left to right shunt lesions: VSD, ASD, Patent ductus arteriosus

obstructive lesions: coarctation of the aorta, aortic stenosis, pulmonary stenosis

- Congestive cardiac failure
- Infective endocarditis
- Hypertension and hypertensive crisis
- Syncope
- Cardiomyopathies
- Basic understanding of electocardiograms, echocardiograms and haemodyamics

(3) Community Paediatrics

- Developmental assessment
  normal development
  identification of delay
- Multidisciplinary assessment of children with disability:
  medical management of children with physical/sensory disability
  medical management of children with learning disability
  attendance at Early Intervention Team clinics/multidisciplinary meetings
  awareness of facilities available for children with special educational needs
- Knowledge of vaccination programme and current guidelines
- Non accidental injury including sexual abuse:
  assessment
  management
  attendance at case conferences
  interagency working
  familiarity of report writing/court skills
- Overview of school health services
- Assessment and management of
  behavioural/pervasive communication disorders – ADHD,
  Autistic spectum disorder.
- Knowledge of health promotion strategies.
- Familiarity with developmental screening tests.
- Basic epidemiology
- Liaison with Department of Public Health

(4) Dermatology

- Eczema and seborrhoeic dermatitis.
- Acute bacterial/ viral/ fungal infections.
- Psoriasis.
- Scabies.
- Drug eruptions.
- Congenital bullous disease.
- Congenital, Pigmented and Vascular Lesions
- Common genodermotoses

- Neonatal dermatology
- Urticarial reactions
- Cutaneous manifestations of immunodeficiency
- Skin signs of systemic disease
- Dermatologic emergencies
- Seborrhoeic dermatitis.
- Acne
- Alopecia

(5) Disability & mental handicap

- Medical aspects of disability (diagnosis, examination, investigation)
- Rehabilitation techniques and the role of the therapists
- Psychological aspects of disability
- Communication skills and disability (including breaking bad news and communicating with patients with specific communication problems).
- Feeding disorders and their management
- Specific learning difficulties
- Speech and language delay including hearing loss
- Knowledge of specific disabilities:
  Down's syndrome
  Language delay
  Autism
  Cerebral palsy
  Neural tube defects
  Neuromuscular disorders.

(6) Endocrinological disorders

- Diabetes mellitus & diabetic keto-acidosis.
- Addisonian crisis.
- Hyperosmolar coma.
- Adrenal hyperplasia.
- Electrolyte disturbance: Hypo/hypercalcaemia, Hypo/hypernatremia, Hypo/hyperkalaemia, Growth and Pubertal Development.
- Hypoglycaemia
- Management of goiter and thyroid disorders
- Congenital adrenal hyperplasia and ambiguous genitalia
- Abnormal growth patterns including obesity
- Delayed and early puberty
- Polyuria and polydipsia

(7) Gastroenterology

- Congenital abnormalities of GIT
- Acute and recurrent vomiting
- Acute & recurrent abdominal pain
- Malabsorption.
- Constipation.

- Gastro-oesophageal reflux/oesophagitis.
- Cystic Fibrosis.
- Jaundice
- Upper & lower gastro-intestinal haemorrhage.
- Liver disorders including acute liver failure
- Acute & chronic diarrhoeal illness.
- Inflammatory bowel disease.
- Acute bowel obstruction.
- Pancreatitis
- Liver transplantation (follow up problems)
- Coeliac Disease
- Food allergy/Intolerance
- Enteral feeding

(8) Nutrition
- Normal nutritional requirements in the neonatal period, infancy and childhood
- Composition of breast milk, cow's milk and formulated milk
- Nutritional requirement of a chronically ill child, eg: Chronic liver disease, renal disease
- Macro and micronutrient deficiency
- Severe acute malnutrition
- Overweight & obesity
- Growth faltering

(9) Haematology
- Investigation of anaemia & polycythaemia
- Thrombocytopenia
- Neutropenia
- Transfusion of red cells/blood products
- Bleeding and coagulation disorders
- Leukaemia, lymphoma & other solid tumours
- Haemoglobinopathies
- Bone marrow transplantation

(10)Infections
- Immunisation
- Diagnosis and management of acquired infections:
- Common viral infections: EBV, HSV, herpangina, influenza, etc.
- Childhood exanthems: measles, varicella, parvovirus, enteroviruses, etc.
- Upper respiratory tract infections including: otitis, coup, laryngo-tracheobronchitis,
- Peri-orbital and orbital cellulitis, pharyngitis & retropharyngeal infection, cervical lymphadenitis.
- Lower respiratory tract infections – bronchitis, pneumonia, empyaema
- Endocarditis, pericarditis, myocarditis
- Gastrointestinal infections and infestations: viral, bacterial and protozoal
- Septicaemia and meningitis
- Urinary tract infections

- Skin infections and infestations: impetigo, cellulitis, tinea, scabies
- Osteomyelitis and septic arthritis
- Systemic infections – TB, brucellosis, toxoplasmosis
- Miscellaneous infections: Kawasaki syndrome, Cat scratch disease, atypical
- Extra pulmonary and pulmonary tuberculosis
- Diagnosis and management of Congenital infections and interventions for prevention:
- Cytomegalovirus, hepatitis B, hepatitis C, HIV, HSV, parvovirus, rubella, syphilis, toxoplasmosis, etc.
- Diagnosis and management of neonatal spesis.
- Investigation and principles of management of
- Device related infection – V-P shunt, catheters
- Viral infections including hepatitis B, hepatitis C, HIV
- Infection in the immunocompromised host
- Infection in the ICU patient
- Fever of unknown origin
- Basic bacteriology of important paediatric pathogens:
- Rational use of antimicrobial agents
- Principles of infection control
- Principals of diagnosis of infectious diseases:
- Appropriate use of microbiology laboratory/Specimen collection
- Diagnositc serology
- PCR testing

(11) Neonatology

- Examination of the newborn
- Birth depression
- Neonatal resuscitation
- Diagnosis and management of:
  heart disease
  neonatal jaundice
  neonatal sepsis
  acute & chronic respiratory distress
  fluid and electrolyte balance
  blood product therapy
  neonatal convulsions & floppy baby
  congenital abnormalities
  infant of a diabetic mother
  infant feeding and nutrition
  short-term ventilation
  neonatal transport
  breast feeding
  spinda bifida / myelomeingocoele
  hypoxic ischaemic encephalopathy
  developmental dysplasia of the hip
  neonatal screening
- disordered development
- Procedures:

intubation
arterial and umbilical venous insertion
spinal tap
chest tube
venepuncture
stabilisation of infants with diaphragmatic hernia, omphalocele, gastroschisis

- Management of parenteral nutrition
- Nutrition of the long term premature survivor
- Prolonged neonatal jaundice
- Long term follow-up of low-birth weight infants relating to nutrition and development
- Inborn errors of metabloism, management of neonatal galactosemia (crisis)
- Antenatal counselling of parents (for anticipated congenital anomaly)
- Care of the dying infant (including withdrawal of ventilatory support)
- Management of exchange transfusion
- Necrotizing enterocolitis

(12) Nephrology

- Obtaining urine by clean catch catheterization and suprapubic tap
- Interpretation of standard dipsticks
- Interpretation of urine reports
- Haematuria & proteinuria
- Interpretation of urine concentration, urine acidification, standard renal function tests,
- routine biochemistry
- Acute Nephritis
- Nephrotic syndrome
- Acute renal failure
- Diurnal and nocturnal incontinence
- Urinary tract infection
- Common urinary tract malformations
- Genetics of renal disorders
- Fluid and electrolyte balance
- Renal calculi
- Tubular disorders
- Acute scrotal pain
- Urinary tract obstruction
- Dialysis and complications
- Chronic renal failure
- Neonate with a history of abnormal USS of renal tract

(13) Neurology

- Assessment and management of coma
- Status epilepticus
- Hypotonia
- Neuropathies and myopathies
- Headache
- Meningitis/Encephalitis
- Subarachnoid haemorrhage
- Raised intracranial pressure

- Assessment of brain death
- Normal patterns of physical development and variants
- Multidisciplinary assessment of cerebral palsy and neural tube defects
- Acute and long term complications of chronic neurological disability.
- Neuro-rehabilitation of neuromuscular disorders
- Progressive neurological disorders
- Ataxia and gait disorders
- Epilepsy management
- Faints & funny turns
- Neural tube defects & other congenital abnormalities

(14) Oncology
- Investigation of newly diagnosed patients
- Management of febrile neutropenia
- General principles of chemotherapy
- Intrathecal chemotherapy
- Participation in multidisciplinary conferences
- Routine care of BMT patients
- Multidisciplinary psychosocial meetings
- Late effects of treatment
- Shared care principles
- Palliative care

(15) Paediatric Surgery
- Knowledge of diagnosis of early medical management of common surgical conditions including:
  tracheo-oesophagael fistual/atresia
  duodenal atresia
  neonatal necrotising enterocolitis
  pyloric stenosis
  acute appendicitis
  intussusceptions
  torsion of the testes
  incarcerated hernia

(16) Psychiatry
- Common Behavioural Disorders/Conduct Disorders.
- Acute crises – Ingestion, Para-Suicide, Depression.
- Developmental Disorders
- Psychiatric problems associated with chronic illness e.g. CF, IDDM.
- Anorexia nervosa
- Autism
- Psycho Pharmacology

(17) Respiratory

- Interpretation of plain chest x-rays
- Interpretation of arterial blood gases
- Basic principles of oxygen and nebulizer therapy
- Community acquired, nosocomial and vertically transmitted pneumonia
- Bronchial asthma
- Bronchiolitis
- Respiratory failure
- Chronic lung disorders
- Pneumothorax
- Pleural effusion
- Pulmonary manifestations of gastro-oesophageal reflux
- Snoring and obstructive sleep apnoea
- Epistaxis
- Ear infections
- Throat infections
- Stridor
- Cystic Fibrosis

(18) Musculo-skeletal disorders

- Developmental dysplasia of the hip.
- Joint swelling & musculoskeletal pain
- Limp
- Rickets & other bony abnormalities
- Acute arthritis and drugs used in treatment
- Connective tissue diseases
- rheumatic fever
- Juvenile chronic arthritis – multidisciplinary management

(19) Ophthalmology

- Red eye
- Squint
- Ptosis & proptosis
- Abnormal fundus
- Visual impairment

(20) Management of fluid and electrolyte balance

- Physiology of body fluids.
- Fluid and electrolyte requirements in well and unwell infants and children of different ages.
- Principles of fluid/electrolyte replacement and maintenance.
- Content of commonly available replacement fluids.
- Performs accurate clinical assessment of fluid status.
- Identifies appropriate replacement and maintenance fluids with respect to patient's
- current fluid/electrolyte status, age and comorbidities.
- Selects appropriate method of delivery of fluids and electrolytes.

(21) Use of oxygen therapy

- Indications for use of oxygen therapy and positive pressure ventilation in both acute and chronic setting (Link to respiratory and emergency).
- Methods of delivery of oxygen and ventilation in children of different ages.
- Adverse effects of oxygen therapy.
- Uses pulse oximetry and blood gases appropriately to determine need for, and monitoring of, therapy.
- Selects appropriate method of oxygen delivery

(22) Blood and blood products

- Components of commonly available blood products.
- Indications, contraindications and adverse effects of the use of blood products.
- Consent issues for the use of human blood products.
- Local guidelines for ensuring safe use of blood products.
- Uses products within local guidelines.
- Recognises adverse effects of transfusion

(23) Otorhinolaryngology and oral health problems

Should have a knowledge on Embryology, anatomy and physiology of ENT system
Tooth eruption and decay

Trainee should also be aware of clinical presentation, investigations, management, complications, and indications for referral of the following conditions

- Acute and chronic otitis media
- Acute and chronic tonsitilltis
- Parotiditis
- Epiglottitis
- Sinusitis
- Upper airway obstruction
- Epistaxis
- Hearing loss and age appropriate hearing assessments
- Congenital malformations
- Cleft palata and lip
- Thyroglossal and branchail cysts
- Choanal atresia
- Pierre robin sequelae
- Polyps
- Laryngeal webs and malacia

Management of

- Developmental concerns in a deaf child
- Child with a cochlear implant
- Tracheostomy, indications and associated issues
- ENT manifestations of systemic disorders

(24) Knowledge on inheritance, phenotypes, clinical presentation, natural history, complications, comorbidities for the following common genetic disorders

- Trisomy 21
- Turner's syndrome
- Marfan's syndrome
- Klienfelter's
- Fragile X
- Other chromosomal disorders

(25) Metabolic Disorders

- Neonatal screening for metabolic disorders

Treatment of common inborn errors of metabolism

- Amino acids
- Sugars
- Fatty acids
- Fatty acid oxidation
- Urea cycle
- Purines and pyrimidines

Dietary management of inborn errors of metabolism
Enzyme replacement therapy
Use of co-factors

Trainee should be aware of clinical presentation, investigations, management, complications, and indications for referral of the following conditions

- Lysosomal storage disorders
- Peroxisomal disorders
- Mitochondrial disorders

(26) Prevention of infections

- Knowledge on universal precautions
- Isolation procedures
- Hand washing
- Infection control practices within hospitals

(27) Immunisation

- EPI schedule, contra indications for certain vaccines
- Indications for additional immunisations in specific groups of children
- Common adverse effects for immunisations

(28) Screening for health

- School health medical clinics
- Neonatal screening in the rest of the world
- Routine hearing screening

(29) Prescribing

should have knowledge on

- Absorption, mechanism of action, metabolism and excretion of drugs
- What drugs are transmitted via breast milk
- Dosage modification of drugs in organ dysfunction
- Common Drug interaction, adverse effects and drug induced diseases
- Pharmacokinetics of preterm and newborn infants
- Indications for monitoring drug levels
- Understand of the drug addiction in the newborn

Annex VII

ROLES AND RESPONSIBILITIES OF TRAINERS/CLINICAL SUPERVISORS

Trainers/Clinical Supervisors roles will vary and may involve providing learning in the workplace, contributing to other forms of learning, providing workplace based assessments and clinical supervision, providing educational supervision and ensuring patient safety within the learning environment.

A trainers/clinical supervisors are required to carry out In Service Training Assessments and supervise research projects and portfolio documents.

Trainer is required to provide formative developmental support for trainees e.g. acting as facilitator, mentor, supporting the development of the trainee's professionalism and ensure educational objectives are being achieved. Trainer must fully understand the objectives of the period of training for which he/she is responsible.

TRAINERS

A trainer shall be a person having 3 years of experience after board certification or equivalent qualifications who shall be in active service in case of Universities and in Ministry of Health.

QUALIFICATIONS

MBBS; MD in Paediatrics with Board Certification

As a MD trainer, he / she should

1. be involved in teaching and providing a pleasant and a disciplined learning environment.
2. allocate time for trainees to discuss academic as well as personal issues.
3. provide constructive feedback continuously, to improve both academically and professionally. Feedback on negative aspects of a trainee should be dealt in a confidential manner.

4. discuss with the trainee if there are concerns regarding behaviour or attitude and if the situation persists, to inform the Board of Study in Paediatrics and the Director PGIM.
5. inform the Board of Study, if a trainee is required to repeat any component of the clinical training.
6. conduct in service assessments and submit the same along with the progress reports to the BOS, on time.
7. encourage trainees to participate in continuing medical and professional development activities.
8. encourage presentations by the trainees in clinical meetings, CPD activities etc.
9. Assure that a minimum on call rota of one in three (1:3) is performed during the training.
10. supervise the leave arrangements of trainees.
11. complete the relevant documents related to the training programme at the end of each component of training.
12. inform the BOS if trainer is taking more than 2 weeks of leave and arrange for cover up for training purposes (since this may be different from work cover up)
13. inform the BOS and give adequate time for the trainee to be allocated to another training unit if more than 1 month leave is to be taken, since off site cover is not acceptable in such a situation.

<u>As an academic appraiser</u>, the trainer should

1. have regular meetings with the trainees.
2. be accessible to the trainee and provide convenient times for meetings.
3. be approachable in times of need.
4. supervise the entries and ensure regular updates of your trainees portfolio.

<u>As a supervisor of a research project</u>, the trainer should

1. Ensure that the research project is commenced during the first stage of training and is completed by the end of second stage
2. Supervise/ assist in each component of the research
3. Assure that the trainee is directly involved in and be personally responsible for every component of the research project.

4. encourage them to publish or present in national or international scientific sessions identified by the BOS.

<u>As a reviewer and assessor of a research project</u>, the trainer should

1. assess adhering to the format provided by the BOS.
2. write a detailed report including the corrections and changes that a trainee has to attend.
3. complete the review within the allocated time.

<u>As a role model</u> the trainer should

1. be exemplary in your dealings with colleagues of other disciplines and all personnel in the health care team.
2. always be punctual
3. be sympathetic to the trainees appreciating that they too have problems.
4. avoid criticizing other trainers and training units.

<u>As an examiner</u> the trainer should

read and abide by the guidelines of the PGIM/Senate.

Annex VIII

RECOMMENDED BOOKS/JOURNALS E-RESOURCES/ FOR READING

Books

- Nelson Textbook of Pediatrics: 19th edition
- Forfar and Arneil's Textbook of Pediatrics
- Colour Guide – Paediatrics, R. Thomas, D. Harvey
- The Secret Series
  Paediatric secrets, The Portable Paediatrician, Paediatric Oncology/Haematology Secrets, Paediatric Infectious diseases secrets, Foetal and Neonatal Secrets
- Illustrated Textbook of Paediatrics by Tom Lissauer
- Child Development by Carolyn Meggitt
- Essential Revision Notes in Paediatrics for MRCPCH by R.M. Beattie
- Paediatric Neurology in Clinical General Practice by Richard Appleton
- Paediatric Exams: A Survival Guide for MRCPCH
- MRCPCH Master Course: Volume 1 & 2 : by Malcolm I. Levene
- Concise Paediatrics, Second Edition by Mike Thomson by James L. Robertson
- Questions for the MRCPCH Part 2 Written Examination by Nicholas Dr. Barnes
- Picture Tests for the MRCP (Paediatrics) by Adam R. Craig
- Short Cases, History Taking and Communication Skills for the Paediatric Membership by S.J. Bedwani
- Advanced Paediatric Life Support
- Examination Paediatrics, by Wayne Harris
- Short Cases for the MRCPCH by Angela Thomson
- Circuits for the MRCPCH, 1st edition by Damian Roland
- Pediatric Secret (4th Edition) by Richard A. Polin
- Oski's Pediatrics: Principles and Practice, 3rd Edition by Julia A. McMillan
- Smith's Recognizable Patterns Of Human Malformation Sixth Edition
- Rennie & Roberton's Textbook of Neonatology: 5th edition
- A Manual of Neonatal Intensive Care Fifth Edition, Janet M Rennie
- A Paediatric Vade-Mecum, 14th edition
- Children with neurological symptoms: A Generalist's approach to differential diagnosis. 1st edition by Dr.D.H.Karunatilaka
- Pediatric Hematology by Robert J. Arceci , Ian M. Hann , Owen P. Smith
- Red Book: Red Book Report of the Committee on Infectious Disease (27th Edition)
- Radiological Imaging of the Digestive Tract in Infants and Children (Medical Radiology / Diagnostic Imaging) by Annick S. Devos , Johan G. Blickman
- Paediatric Radiology for MRCPCH and FRCR, second edition Christopher Schelvan, Annabel Copeman, Jane Young, Jacqueline Davis
- Imaging Picture Tests for the MRCPCH by A.P. Winrow
- Hutchison's Clinical Methods: 23rd edition
- Macleod's Clinical Examination: 13th edition
- Paediatric Revision Series, 100 Paediatric picture series A.P.Winrow, M. Gatzoulis, G. Supramanium

- Immunization Handbook - Sri Lanka Epidemiological Unit
- General manual for tuberculosis control.national programme.sri.lanka
- Quarterly Epidemiological Report - Sri Lanka Epidemiological Unit

Journals

- Indian Journal of Paediatrics
- Paediatric Clinics of North America
- Paediatrics and Child health
- Archives Disease of Childhood
- Pediatrics
- Lancet
- British medical Journal
- Ceylon Medical Journal
- Sri Lanka Journal of Child Health
- New England Journal of Medicine

E resources

- AACAP
  American Academy of Child Adolescent Psychiatry: http://www.aacap.org/
- Pda4peds: http://www.pda4peds.com
- Pediatric On call: www.pediatriconcall.com/
- Paediatric, General Pediatrics ...: www.generalpediatrics.com/
- WHO | HINARI: www.who.int/hinari/
- PubMed /emedicine
- American heart association: http://www.heart.org/HEARTORG/
- Scottish Intercollegiate Guidelines Network (SIGN): www.sign.ac.uk
- Guidelines - Brit Thoracic: www.brit-thoracic.org.uk/guidelines.aspx
- American Academy of Pediatrics: www.aap.org/
- Pediatrics : pediatrics.aappublications.org/
- MRCPCH2009 Website: sites.google.com/site/mrcpch2009/
- Training, Examinations & Professional Development | RCPCH
  www.rcpch.ac.uk/training-examinations
- RCPCH: www.rcpch.ac.uk/

Annex IX

FORMAT FOR SUBMISSION OF RESEARCH PROPOSAL

Section 1

1. Name of trainee
2. Name(s) of supervisor(s)
3. Training centre

Section 2

1. Project title
2. Background and justification
3. Literature review
4. Objectives of study
5. Research plan
    a. Design
    b. Setting
    c. Method
    d. Sample size and sampling techniques
    e. Outcome measures
    f. Statistical analyses and plan of presentation of results
    g. Ethical considerations
    h. Work plan and time frame
6. References
7. Funding for study
8. Ethical approval

Section 3

Signature of the trainee:

Recommendation of supervisor(s)

Signature of Supervisor 1 Signature of Supervisor 2

Date Date

Section 4

Date of submission to PGIM

Date of approval by BOS

Signature of Secretary BOS

Annex X

FORMAT FOR SUBMISSION OF FINAL RESEARCH REPORT
(This should be submitted along with a soft copy of the report)

- Title
- Abstract and summary
- Content page
- Chapters
  - Introduction, objectives and justification
  - Literature review
  - Methodology
  - Results
  - Discussion
  - Conclusions and recommendations
  - Limitations
  - Acknowledgements
  - References (according to the Vancouver system)
- Annexes

Annex XI

ASSESSMENT OF THE MD PAEDIATRICS RESEARCH PROPOSAL BY REVIEWERS

Name of Trainee:…….

Training Centre:…..…….

Supervisor/s:……..

……

Name of Reviewer:

Designation:……

Official Address: ……

……..

Telephone: ……..

Email: …….

Title of Project:

……..…….……
……
……

The two reviewers appointed by the Board of Study shall use the following guideline and marking scheme to assess the project proposal of the candidate

1. **Title and Introduction:** Rationale (Justification) – problem identified and quantified. Hypothesis and expected outcome, impact and relevance of the study.
   Comments: …….
   ……
   ……
   Marks (10): ……..

2. **Literature Review:** Adequacy (evidence of a systematic search for related relevant studies)
   Comments : ……..
   ……
   …….
   Marks (10) : ……..

3. **Objectives:** Clearly defined. Relevant and stated in measurable terms.
   Comments : ……..

……..

……..

Marks (10): ……..

4. **Method:** Appropriate study design to address the objectives with clear detailed description of subjects, sampling technique and sample size, interventions, data collection and management. The study should be, internally valid and reproducible. Where specific details are available in the literature, reference should be made to the original papers, and comments kept to a minimum. If modifications have been made to the published techniques, these should be described in full. Appropriate statistical tests planned should be mentioned and ethical issues addressed.
   Comments:
   ……
   ……
   ……
   ……
   ……
   ……
   ……
   ……

   Marks (30) : ……..

5 **Ethical considerations/institution from where ethical approval will be /has been obtained:**
   Comments:
   ……
   ……
   ……..

   Marks (10) : ……..

6. **References:** According to the Vancouver system and relevant to the study. Properly documented in the Bibliography and appropriately cited in the text.
   Comments:
   ……
   ……

   Marks (10) : ……..

Recommendation of reviewer:

- Is the project proposal acceptable? Yes / No

If No, What corrections are required? (Attach a separate sheet of paper if necessary)

……
……
……
……
……..

Additional Comments if any:

……
…..……
……

Total Marks (80) : ……..

Signature: ……..

Date:…….

Recommendation of the BOS:

……

Signature of Chairperson/Secretary:

……

Date:……

Annex XII

National Scientific Meetings recognised by the BOS for oral presentation/poster presentation of the research are as follows:-

a. Annual Scientific Congress of the Sri Lanka College of Paediatricians
b. Annual Scientific Congress of the Ceylon College of Physicians
c. Annual Sessions of the Sri Lanka Medical Association
d. Foundation Sessions of the Sri Lanka Medical Association
e. Academic Sessions of the Postgraduate Institute of Medicine, University of Colombo.
f. Annual Scientific Congress of the Sri Lanka College of Obstetricians and Gynaecologists
g. Annual Sessions of the Sri Lanka Association for the Advancement of science
h. Annual Scientific Sessions of the Kandy Society of Medicine
i. Annual Scientific Sessions of the Galle Clinical Society
j. Annual Scientific Sessions of the Ruhuna Clinical Society
k. Scientific Sessions of the Peradeniya Medical Student Alumni Association (PeMSAA)
l. Scientific Sessions of the Jaffna Medical Association (JMA)
m. Annual Scientific Congress of the Childhood Respiratory Disease Study Circle of Sri Lanka
n. Annual Scientific Congress of the Association of Pulmonologists of Sri Lanka
o. Perinatal Society of Sri Lanka
p. Any other local or international meeting held in Sri Lanka, which is approved by the BOS

International Scientific Meetings recognised by the BOS for oral presentation/ poster presentations of the research are as follows:-

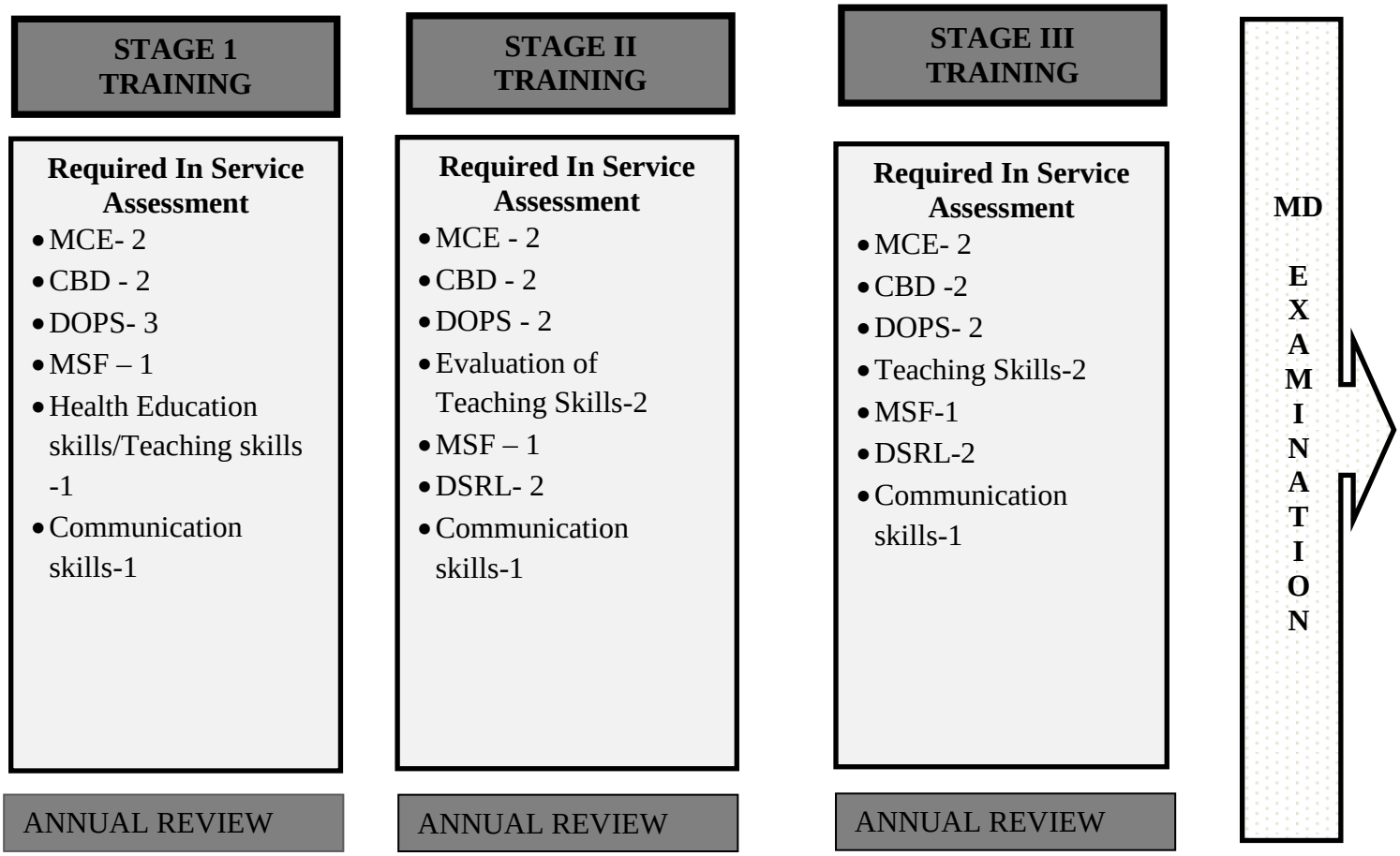
a. Congress of the Asia Pacific Paediatric Association
b. Congress of the ASEAN Paediatric Association
c. Congress of the International Paediatric Association
d. Congress of the Indian Paediatric Association
e. Scientific Session of the Royal College of Paediatrics and Child Health
f. Asian Congress of Paediatric Infectious Diseases
g. International Congress of Paediatric Infectious Diseases
h. Any other international meeting that is recognised by the BOS.

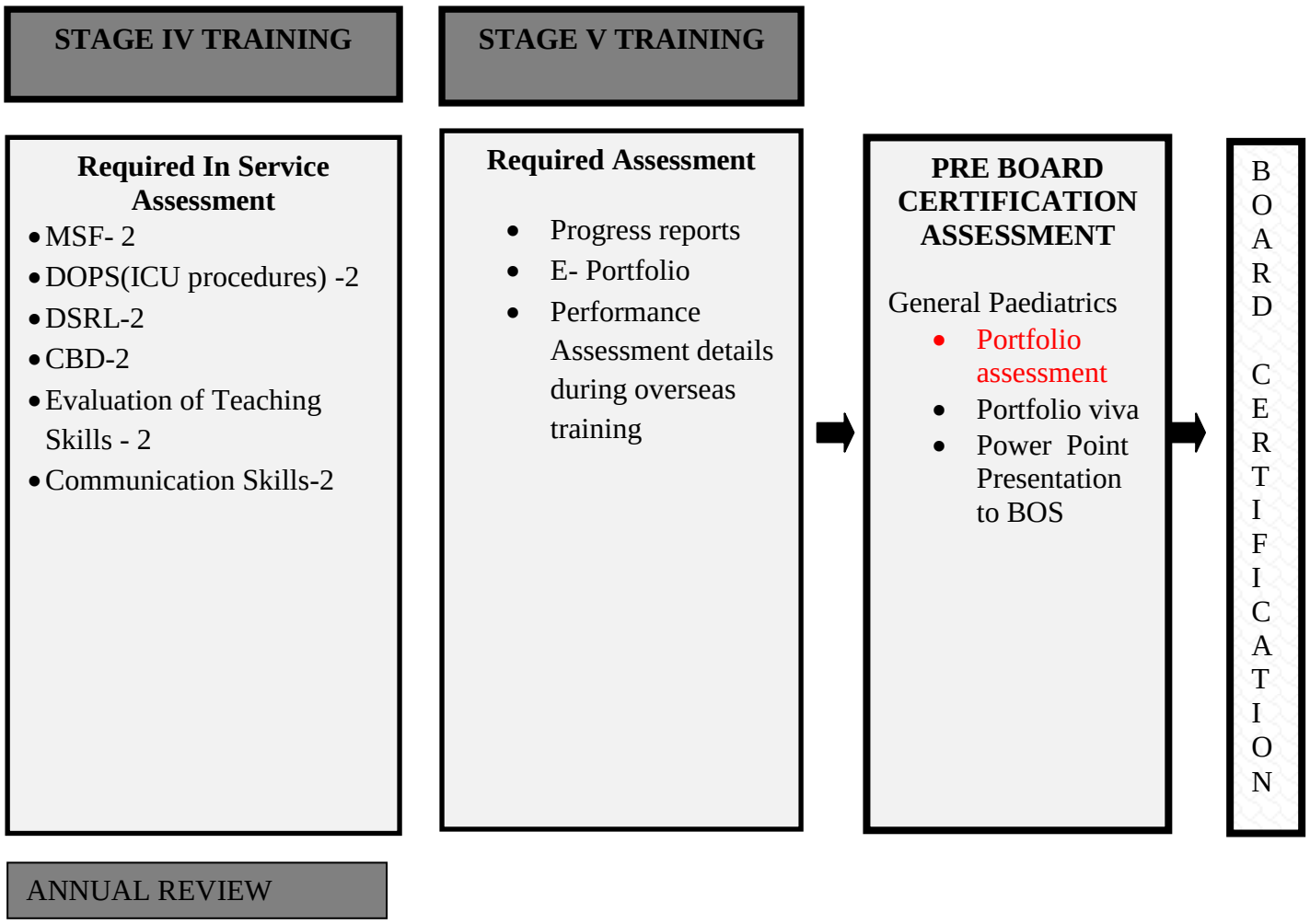
The Scientific Journals that are recognised by the BOS for publication of research are as follows:-

a. Any "Indexed Journal" that is included in the *Index Medicus* or Medline
b. Sri Lanka Journal of Child Health
c. Ceylon Medical Journal
d. Sri Lanka Journal of Bio-Medical Informatics
e. Sri Lanka Journal of Critical Care
f. Sri Lanka Journal of Infectious Diseases
g. Any other journal where approval has been given by the BOS

Annex XIII

SUMMERY OF TRAINING AND INSERVICE ASSESSMENT- MD PAEDIATRICS




STAGE IV TRAINING
STAGE V TRAINING
Required In Service Assessment
MSF- 2
DOPS(ICU procedures) -2
DSRL-2
CBD-2
Evaluation of Teaching Skills - 2
Communication Skills-2
Required Assessment
Progress reports
E- Portfolio
Performance Assessment details during overseas training
PRE BOARD CERTIFICATION ASSESSMENT
General Paediatrics
Portfolio assessment
Portfolio viva
Power Point Presentation to BOS
BOARD CERTIFICATION
ANNUAL REVIEW

Annex XIV

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA

BOARD OF STUDY IN PAEDIATRICS

MD PAEDIATRICS-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 - fall far short of expected standards
2 - Falls short of expected standards
3 - Consistent with level of training
4 - Better than expected standards
5 - Exceptional performance
N/A Not Applicable for this training period

	Medical Knowledge Demonstrates up-to-date knowledge required to manage patients
	Application of Medical Knowledge Shows ability to use the knowledge and other derived evidence based information
	Procedural Skills Demonstrates ability to perform practical/ technical procedures
	Interpersonal/ Communication Skills Demonstrates ability to communicate with patients and their families
	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 behavior towards patients and families
	Professional Attitudes and Behaviour Shows honesty at all times in their work, put patient welfare ahead of personal consideration
	Patient Management Shows wisdom in selecting treatment, adopt management to different circumstances
	Psychological Development Demonstrates ability to recognize and/ or respond to psychological aspects of illness
	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 analyzing 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** that the trainee displayed with regard to the above areas

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.

TRAINER'S COMMENTS

Trainee's signature: Date

Trainer's Signature Date

Annex XV

PORTFOLIO

INSTRUCTIONS TO THE TRAINEE

Welcome to the paediatric training programme of the Postgraduate Institute of Medicine, University of Colombo, Sri Lanka.

The training programme and board certification as a Consultant Paediatrician by the Postgraduate Institute of Medicine requires regular and satisfactory maintenance of this Portfolio.

The Portfolio is an important tool for assessment of trainee's performance and learning processes. It is one of the key documents in the formative assessment of the trainee during the training programme. It includes a record of the details of attendance, participation, performance and acquisition of the different learning objectives of the training programme.

Entries in the Portfolio should be made by the trainee at the time of acquiring the skill and authorized by the trainer or supervisor. The trainee is expected to keep it updated regularly. The trainers and supervisors will use the portfolio to assess the progress of the trainee and to provide a feedback at regular intervals during the training period. It is the responsibility of the trainees and the trainers/ the supervisors to ensure that the entries in the Portfolio are authentic and made regularly. The Board of Study expects the Trainee and the Trainers to make the best use of the Portfolio in order to achieve the objectives of the training programme.

The portfolio should be kept as a ring binder document which will allow easy insertions by the trainee. The completed portfolio should be submitted after completion of each stage of training for annual review.

Submission of the properly maintained Portfolio to the Board of Study in Paediatrics is a pre-requisite for entry to the M.D. Part II examination and for board certification.

It will be assessed by a panel of two examiners appointed by the BOSP at PBCA.
A minimum pass grading is necessary for the trainee to be eligible to proceed to the Pre-Board Certification Assessment and Board Certification.

We hope very much that the training programme would be a valuable learning experience for you.

The Director
Postgraduate Institute of Medicine

COMPONENTS OF THE PORTFOLIO DOCUMENT

1. **Personal details**
2. **Summary of training**
3. **Log of Procedures carried out**
4. **Clinical presentations**
5. **Continuous Professional Development (CPD) activities (Seminars. conferences attended)**
6. **Generic skills courses (Communication skills, Information technology, Ethics)**
7. **Research and Audit**
8. **Reflective Practice**
9. **Case Records**
10. **Lectures/Teaching**
10. **Other activities**
11. **Documents**
    - **In Service Training Assessment**
    - **Progress reports**
    - **Peer Review Rating forms (PTR)**
    - **Proof of evidence other activities**

POST GRADUATE INSTITUTE OF MEDICINE
UNIVERSITYOF COLOMBO, SRI LANKA
MD Paediatrics

PERSONAL DETAILS

Photograph

Surname:----------

Other names:----------

Date of Birth:----------

Date of passing Selection Examination:----------

Date of entry into the training programme:----------

SLMC Registartion number.: ----------

Basic degree (with University & date):----------

Appointments held (internship onwards, with dates)

Position	**Institution**	**From** **To**

POST GRADUATE INSTITUTE OF MEDICINE
UNIVERSITYOF COLOMBO, SRI LANKA
MD Paediatrics

TRAINING PROGRAMME

Stage I- Community Paediatrics

DATE	ACTIVITY	SINGNATURE OF THE TRAINER

Stage I- Subspecialty training

SUSPECIALTY	DATE	COMMENTS	SIGNATURE OF THE TEAINER

GENERAL PAEDIATRICS

STAGE I Date of commencement	
Hospital	
Attendance	
Comments	
Signature	
STAGE II Date of commencement	
Hospital	
Attendance	
Comments	
Signature	
STAGE III Date of commencement	
Hospital	
Attendance	
Comments	
Signature	

GENERAL PAEDIATRICS

STAGE IV Date of commencement	
Hospital	
Attendance	
Comments	
Signature	

NEONATOLOGY

	STAGE I	**STAGE II**
SPECIAL CARE BABY UNIT Date of commencement		
Hospital		
Attendance		
Comments		
Signature		
NEONATAL INTENSIVE CARE Date of commencement		
Hospital		
Attendance		
Comments		
Signature		

PSYCHIATRY APPOINTMENT

Date of commencement	
Hospital	
Attendance	
Comments	
Signature	

PAEDIATRUC INTENSIVE CARE TRAINING

Date of commencement	
Hospital	
Attendance	
Comments	
Signature	

PROCEDURES PERFORMED

GENERAL PAEDIATRICS

DATE	PROCEDURE	SUPERVISOR'S SIGNATURE

NEONATOLOGY

DATE	PROCEDURE	SUPERVISOR'S SIGNATURE

PAEDIATRIC INTENSIVE CARE

DATE	PROCEDURE	SUPERVISOR'S SIGNATURE

POST GRADUATE INSTITUTE OF MEDICINE
UNIVERSITYOF COLOMBO, SRI LANKA
MD Paediatrics

PRESENTATIONS AT CLINICAL LECTURE DEMONSTRATIONS, TUTORIALS AND JOURNAL CLUBS

DATE	EVENT & TYPE OF PARTICIPATION	COMMENTS & SIGNATURE

SEMINARS OR CONFERENCES ATTENDED (PLEASE ATTACH PROOF OF ATTENDANCE/PARTICIPATION)

Seminar/conference	From To

ANY OTHER TRAINING RECEIVED (LIFE SUPPORT SKILLS/ GENERIC SKILLS) PLEASE ATTACH PROOF OF ATTENDANCE/PARTICIPATION

Training course	From To

RESEARCH PROJECT

Please attach the copy of the research report

DETAILS OF PRESENTATION / PUBLICATION

Congress / Journal :

Year & Reference :

(Documentary proof of oral/poster presentation and publication of the research project is mandatory. The documentation includes signed letters from the Scientific Congress and/or the journal concerned)

REFLECTIVE PRACTICE

Learning to reflect on and learn from difficult clinical situations in which you have been directly involved, is a vital part of continuous professional development in being a good doctor. This is an integral part of clinical risk management which requires the recognition and analysis of significant clinical situations so that appropriate changes in management could be adopted to reduce the risks arising from such situations in the future. Reflective practice enables you to describe what happened and why, justify or identify any possible lapses in your management, what you have learnt from this experience and, most importantly, what you would do differently next time, considering current best available evidence.

Use the reflective practice format to document and analyse 12 out of the 16 clinical scenarios specified in the section Specific Tasks. In addition to this, whenever you are involved in a difficult clinical situation, record the event and your thoughts about it in the reflective practice format. Discuss as soon as possible with your Trainer at least four such clinical events that you think you should reflect on, especially cases that has been particularly distressing for you. You may need to examine previously held beliefs about your practice and accept that you may have been wrong and therefore need to change your practice. This process will help you to recognize and learn from prior experiences and improve your clinical practice. It is your responsibility to gather and record the material required for this process. The material you record will demonstrate your ability to maintain good continuous professional development by using every learning opportunity to be a reflective self-directed learner. Each clinical event you reflect on will be evaluated by your trainer.

Reflective practice documentation (Guidelines to trainee)

Describe the management of the selected case:

What problems did you see and observe?

What did you do?

Justification for what you did:

What did you learn from this experience?

What is done differently in other clinical units: local and foreign?

What would you do differently next time?

Evidence for suggesting these changes:

Has this experience highlighted any deficiencies in your training?

What learning needs did you identify from above?

Have you addressed these learning needs? If so How?

LECTURES/TEACHING (undergraduates / postgraduates/nurses)

Activity	Date	Signature of Trainer
Teaching undergraduates		
Teaching postgraduates		
Teaching others (nurses/ paramedicals)		

OTHER ACTIVITIES

1. Participation in case conference related to Non accidental injuries
2. Communication with parents & family (eg. breaking bad news, explaining interventions,)
3. Acute Management of Paediatric or neonatal emergency
4. Transport of sick children
5. Organization of Seminars/Workshops

Date	Activity in detail	Signature of the Supervisor

Annex XVI

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PTR FORM B
(Rater Instruction Form)

PGIM Guidelines for Completing a PTR Assessment

Name of 'Rater': _____

Dear Colleague/Team Member

Postgraduate Institute of Medicine, University of Colombo are now using Peer Team Rating (PTR), otherwise known as Multi Source Feedback (MSF) 360^0 assessment, to assess doctors in training. PTR assessment is a method of assessing generic skills such as communication, leadership, team working, teaching, punctuality and reliability. This allows objective systematic collection and feedback of performance data on an individual, which is derived from a number of stakeholders in their performance. This assessment method has been shown, in a UK pilot study and by Royal College of Physician to provide a reliable rating of an individual doctor. 'Raters' are people with whom the doctor being assessed works and this includes nurses, other doctors, secretaries and other clerical staff and other allied health professionals. The data from 20 'raters' forms is put together to provide the doctor with structured feedback about their performance. A self assessment is also requested.

You have been asked to assess: Dr. _____

What is required of you?

1. You have been selected by the trainee or their educational supervisor to assess the trainee.
2. We would be grateful if you would complete the accompanying form about the trainee. PTR is used to assess the behavior, team working and communication skills of trainees. It is NOT an assessment of knowledge or practical skills. It is not used to Pass/Fail trainee.
3. **The trainee will not be able to identify you and will not see your individual responses**. The Postgraduate Institute of Medicine will collate the information from all of the PTR assessments onto a single summary form, which will be used to give the trainee feedback. **Trainees will not see any individual responses/ forms or scores**. In the event of a legal challenge the Data Protection Act may allow the information to be released, but it will remain Anonymous.
4. Please score the trainee from 1 (extremely poor) to 9 (extremely good). A score of 1-3 would be considered unsatisfactory, 4-6 satisfactory and 7-9 would be considered above that expected, for a trainee at the same stage of training and level of experience. **You must justify each score of 1-3 with at least one explanation/example in the comments box, failure to do so will invalidate the assessment**. If you feel unable to comment on an aspect you may mark the 'Don't know' box.
5. **If you feel, for whatever reason, that the trainee doctor falls below what you believe to be a minimum standard for a qualified doctor who is training to be a consultant it is important for you to make this clear on the form.**
6. If you have had insufficient contact with the trainee to assess certain aspects then please fill in the 'Don't know' box.
7. Please make written comments to supplement or explain your scoring if you think this may be helpful, you must do this for all scores of 1-3. Please write clearly.
8. When you have **FULLY** completed the form please return it in the envelop provided to the Director PGIM/ PTMU, NOT the Trainee. This process will be conducted sensitively and carefully so you should feel free to give honest answers to questions, as this is fundamental to the success of the process.

The final objective of this process is to help Trainees see their weaknesses if any and take corrective action so that their attitudes to clinical care will be optimal. Knowledge and Skills are tested using regular exams. Thank you for your cooperation.

(These are adapted form Royal College of Physician (UK) guidelines)

Director/PGIM

PTR FORM C

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(Rater Assessment 1-20)

PGIM PTR ASSESSMENT OF REGISTRARS/ SENIOR REGISTRARS

PGIM Roll No. PGIM/ _ _ _ _ _ / _ _ - _ _ _ _ _

Date of assessment (DD/MM/YY) _ _ / _ _ / _ _

Year training ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○

Name of Rater

Please indicate your profession by filling in one of the following circles

○ Consultant ○ Registrars ○ SHO or HO ○ Other Specify

○ Allied Health Professional ○ SR ○ Clerical or Secretarial Staff ....

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extreme good). A score of 1-3 is considered unsatisfactory, 4-6 satisfactory and 7-9 is considered above that expected, for trainee at the same stage of training and level of experience. Please note that your scoring should reflect th performance of the trainee against that which you would reasonably expect at their stage of training and level experience. You must justify each score of 1-3 with at least one explanation/example in the comments box, failu to do will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor strengths and weaknesses.

THE PTR IS NOT AN ASSESSMENT OF KNOWLEDGE OR PRACTICAL SKILLS

1. Attitude to staff: Respects and values contributions of other members of the team

○ Don't know	○ 1 ○ 2 ○ 3	○ 4 ○ 5 ○ 6	○ 7 ○ 8 ○ 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

2. Attitude to patients; Respects the rights, choices, beliefs and confidentiality of patients

○ Don't know	○ 1 ○ 2 ○ 3	○ 4 ○ 5 ○ 6	○ 7 ○ 8 ○ 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

3. Reliability and punctuality

○ Don't know	○ 1 ○ 2 ○ 3	○ 4 ○ 5 ○ 6	○ 7 ○ 8 ○ 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

4. Communication skills: communicates effectively with patients and families

○ Don't know	○ 1 ○ 2 ○ 3	○ 4 ○ 5 ○ 6	○ 7 ○ 8 ○ 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

5. Communication skills: communicates effectively with healthcare professionals			
○ Don't know	○ 1 ○ 2 ○ 3	○ 4 ○ 5 ○ 6	○ 7 ○ 8 ○ 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
6. Honesty and Integrity, do you have any concerns?	○ **Yes**	○ **No**	
7. Team player skills: Supportive and accepts appropriate responsibility; Approachable			
○ Don't know	○ 1 ○ 2 ○ 3	○ 4 ○ 5 ○ 6	○ 7 ○ 8 ○ 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
8. Leadership skills: Takes responsibility for own actions and actions of the team			
○ Don't know	○ **1** ○ **2** ○ **3**	○ **4** ○ **5** ○ **6**	○ **7** ○ **8** ○ **9**
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
9. OVERALL PROFESSIONAL COMPETENCE			
○ Don't know	○ **1** ○ **2** ○ **3**	○ **4** ○ **5** ○ **6**	○ **7** ○ **8** ○ **9**
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

Comments about the trainee (BLOCK CAPITALS PLEASE) – Write in English/ Sinhala/ Tamil

Your Signature: (You can remain Anonymous)

Please place form in the attached self addressed envelope and return to the PGIM (PTMU) named on the envelope.
DO NOT return to the Registrar or Senior Registrar.

We are very grateful for your independent and honest rating our all trainees.

Director/PGIM

Confidential

PTR Form D

PGIM Table of Trainee's PTR Scores

Date: ……
Year of Training: ……

Trainee's Name: …… **Speciality : ……**

Trainee's PGIM Roll Number : …… **Name of Educational Supervisor: ……**

To be completed by PGIM Training Monitoring Unit. (PTMU)

- Please transcribe the scores from each individual PTR assessment form onto the following table, where scores have not been recorded leave boxes empty and adjust mean accordingly. Then transcribe range and mean onto feedback form.
- This table will facilitate the interpretation of the information and maintain the confidentiality of the raters.
- The mean scores from this table will form will be used as the basis for a feedback discussion between the trainee and educational supervisors.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Mean	Self
Attitude to Staff																						
Attitude to patients																						
Reliability and punctuality																						
Communication skills: patients																						
Communication skills: colleagues																						
Honesty and integrity																					Yes No	
Team player skills																						
Leadership skills																						
Overall competence																						

(To be filled in Duplicate/Carbon copy or Photocopy) TOP COPY TO BE KEPT BY PGIM (PTMU) FOR THEIR RECORDS, BOTTOM COPY TO BE RETURNED TO TRAINEE FOR HIS/ HER PORTFOLIO/ RECORD

PGIM

PTR feedback summary form of trainee's scores

PTR FORM E

(Future Plan for corrective Action.)

Name of trainee : _____ **Trainee's PGIM Roll Number:** _____

Educational Supervisor' name: _____ **Year of Speciality training:** _____

Form to be completed (1-9) by the PTMU/PGIM before feedback discussion meeting with the trainee:

	Items	Number of 'raters' who scored item	Range of 'raters' scores	Mean 'raters' score	Self score	Any score of 1-3 or yes for item 6?
1.	Attitude to staff					
2.	Attitude to patients					
3.	Reliability and punctuality					
4.	Communication skills: patients					
5.	Communication skills: colleagues					
6.	Honesty and integrity, do you have any concerns?		N/A	Yes= No=		
7.	Team player skills					
8.	Leadership skills					
9.	Overall professional competence					
	Comments from 'raters': (Trainer to complete)					
	Future recommendations for training: (Trainer to complete)					

	Signature:	Date:
Trainee		
Educational supervisor		

After completing a form, give the white copy to trainee for their logbook. Keep the blue copy for your records at the PTMU/PGIM.

Educational Supervisors comments to Board of Study (if any).	
Date:	Signature:

- *Please send top copy to Director PGIM/ PTMU.*

ANNEX XVII

FORMATIVE ASSESSMENT OF THE PORTFOLIO

Formative assessment of the portfolio is carried out prior to board certification. Assessment would be based on the following 5 domains.

(1)Documentation:

Clarity, Brevity, Correct sequence, Focused presentation

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

(2)Any other training received (Life support Skills course / Generic Skills Courses attended) and new technologies exposed to:

(Consider number and variety of training)

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

(3)CPD Activities

Workshops, Seminars, Conferences

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

(4)Reflective Ability

		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+**

(5)**Teaching (undergraduates/ House officers/nurses)**

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

Total Mark out of 50 Examiner 1=

Total Mark out of 50 Examiner 2=

Mark out of 100 =

Signature of Examiner 1: ……....

Signature of Examiner 1: ……....

Date: …../……/……

Annex XVIII

POSTGRADUATE INSTITUTE OF MEDICINE

APPLICATION FOR BOARD CERTIFICATION

A.GENERAL INFORMATION

A1. Name of Trainee : Dr. ……..

A2. NIC Number : ……

A3.SLMC Number : ……..

A4. Address : ……

A5. Telephone Number : ……..

A6. Main Specialty (MD) : ……..... ….

A6.1. Subspecialty - …….

A6.2. Special training - …….

A6.3. Special interest - …….

A7. Board Certification in - …….

B. DETAILS OF PRE MD TRAINING

B1. Date of passing Selection Examination : ……

B2. Number of attempts : ……..

B3. Period of pre MD training : from …….. to …….

B4. Total duration of pre MD training : ……..

B5. Name of training unit/s : ……..

……..

B6. Names of trainers : ……..

……..

B7. Date of passing MD : ……..

B8. Number of attempts : ……..

C. DETAILS OF POST MD LOCAL TRAINING

C1. Date of commencement : ……

C2. Period of post MD training : from …… to ……

C3. Total duration of post MD training : ……..

C4. Name of training units/hospitals : ……..

……..

C5. Names of trainers : ……..

……..

C6. Whether all progress reports submitted : Yes/No

1st report date and duration :
Name of trainer :

2nd report date and duration :
Name of trainer :

3rd report date and duration :
Name of trainer :

Final report date and duration :
Name of trainer :

C7. Whether negative comments in above reports :

C8. Satisfactory completion of training certified : Yes/No

C9. If no in above the reasons:

C10. Whether training period extended : Yes/No

C11. If yes in above the reasons:

C12. Any other comments/observations :

D. DETAILS OF POST MD OVERSEAS TRAINING AND PBCA

D1. Date of commencement : ……

D2. Period of post MD training : from …….. to ……..

D3. Total duration of post MD training : ……

D4. Whether the scholarship is awarded : Yes/No

D5. Name of training units/hospitals : ……..

……..

D6. Country : ……..

D7. Names of trainers : ……..

……..

D8. Whether all progress reports submitted : Yes/No

1st report date and duration:
Name of trainer :

2nd report date and duration:
Name of trainer :

3rd report date and duration:
Name of trainer :

Final report date and duration:
Name of trainer :

D9. Whether there were negative reports and details :

D10. Satisfactory completion of training certified: Yes/No

D11. If not certified the reasons : ……..

D12. Date of resumption of duties following overseas leave: ……

D13. Date of passing Pre Board Certification Assessment : ……

D14. Other requirements if any (Dissertation/Publications) : Yes/No

D15. Reasons for delay in completion if any of D11-13 : …….

D16. Other requirements in D13 approved by BOS : Yes/No

D17. If not approved the reasons : ……

D18. Whether above reasons accepted by BOS/BOM : Yes/No

D19. Whether the duration extended : Yes/No

D20. Date of completion of requirements for Board Certification : ……..

D21. Date of application for Board Certification : ……..

D22. Date of eligibility for Board Certification : ……..

D23. Any other comments/observations: ……

E. OFFICE USE

Prepared by: …….

Above information checked and found to be correct: Yes/No

Signature of Assistant Registrar/Examinations: …… Date: …….

Date submitted the application to BOS: …….

Recommendation of Board Study : Recommended/Not recommended

If not recommended reasons :

Date; …… ……OR ……..……

Secretary Chairperson

Date submitted the application to BOM : ……

Recommendation of BOM for approval of Senate: Yes/No

If not recommended reasons :

……..

……

Date Director/ PGIM

Abbreviations

BOS: Board of Study

PBCA: Pre Board Certification Assessment

ISTA: In Service Training Assessment

MD: Doctor of Medicine

MBBS: Bachelor of Medicine, Bachelor of Science

PGIM: Post graduate Institute of Child Health

MRCP: Member of Royal College of Physicians

MRCPCH: Member of Royal College of Paediatrics and Child Health

OSPE: Objective Structured Practical Examination

OSCE: Objective Structured Clinical Examination

SAQ: Short Answer Questions

SEQ: Structured Essay Questions

PeMSAA: Peradeniya Medical Students' Alumni Association