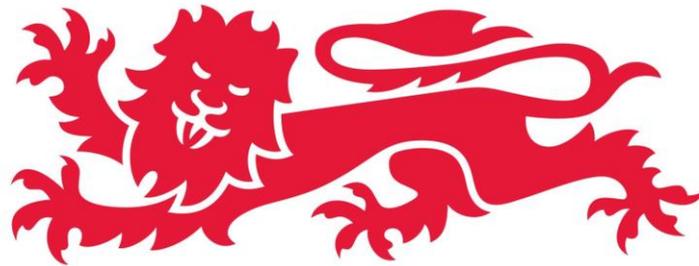


# Child & Adolescent Health

## STAGE 3 AND STAGE 5



### THE MBBS 2015 CURRICULUM

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# Overview

Welcome to Child and Adolescent Health (CH).

Stage 3 is a 4 week rotation in your first clinical year that includes hospital and community paediatrics. Stage 5 is a 3 week rotation which is more hospital focused. During this rotation you will revise what you have learned in Stage 3 and will prepare you with the skills to care for babies, children and young people as a foundation doctor.

This study guide outlines learning outcomes & generic information that are relevant to all students. It includes details of our expectations of you in the clinical arena. Please note, in particular, the sections on dress code and attendance. Punctuality and respect for clinical teachers and patients (children & parents) are also of vital importance. Be aware that your end of rotation assessment includes an assessment of these professional behaviours.

The study guide is divided as follows:

- **Main section:** Information that is relevant to all students undertaking CH. It includes generic & system-specific learning outcomes.
- **Teaching & learning**
- **Assessment & appraisal**

Please use this study guide in conjunction with the following documents:

- Stage 3 and Stage 5 Handbook
- Stage 3 and Stage 5 CH Clinical Logbook
- Stage 3 and Stage 5 Primary Care Study Guide
- Phase II Study Skills Handbook

It is important that you recognise and are tolerant of the fact that CH may 'feel' quite different amongst the Base Units/hospitals. This reflects the patterns of local strengths and clinical services. However, all Base Units/hospitals will provide you with teaching & learning opportunities that will allow you to achieve the same learning outcomes.

# Overall Aims

## Stage 3

- Understand the special needs of ill and disabled children within the family, community and hospital and the resources available to meet them.
- Appreciate the impact on the whole family when a child has a chronic or life limiting illness.
- Develop the communication skills to deal with children, young people and their parents or other carers.
- Approach infants, children, adolescents and parents or other carers with confidence and sound clinical method.
- Be able to take a full paediatric history and carry out an examination to make an accurate assessment of acute and chronic medical problems in childhood and adolescence.
- Understand the approach to history taking and mental state examination in child and adolescent mental health.
- Understand the wide range of normal physical and psychosocial development and the influence of environment and the ability to perform a competent developmental assessment in a preschool child.
- Understand the UK vaccination programme including contraindications and complications.
- Know the presentation of common and important physical and mental health problems of childhood.
- Understand the concept of safeguarding of children and the different ways children may be abused, including female genital mutilation
- Know and be able to interpret basic investigations for core conditions.
- Appreciate the legal and ethical principles that underpin the treatment and care of children and families
- Understand the psychological and physiological transitions occurring in adolescence.
- Encourage students to consider a career in general or specialist areas of Child and Adolescent Physical and Mental Health and.
- The ability to make reliable accurate mathematical calculations relating to fluid replacement and drug prescribing

## Stage 5 – In addition to the above

- Know the responsibilities of all doctors in the safeguarding of children and those at risk of female genital mutilation.
- Recognise the acutely unwell child and be able to plan the initial investigation and treatment of common acute illness in children.
- Understand the principles for managing urgent psychiatric presentations in children and young people
- To have an understanding of the biopsychosocial models used in the management of child and adolescent mental health problems.
- The ability to perform basic life support in infants and children.
- The ability to undertake and examine a normal newborn baby.
- Understand the limit of competencies and who to ask for help.

# Core Presentations

Conditions of the neonate	<ul style="list-style-type: none"> <li>Small for dates</li> <li>Prematurity</li> <li>Respiratory distress</li> <li>Floppy infant</li> <li>Jaundice</li> <li>Intestinal obstruction</li> </ul>
Normal growth & development	
Chronic health problems Emphasising the multidisciplinary team approach to diagnosis and management	<ul style="list-style-type: none"> <li>Weight faltering/ failure to thrive</li> <li>Developmental delay</li> <li>Learning disability</li> <li>Abdominal pain</li> <li>Headache</li> <li>Cough &amp; wheeze</li> <li>Hearing problems</li> <li>Emotional and Behavioural problems</li> </ul>
Acute health problems Emphasising the recognition of the seriously unwell child	<ul style="list-style-type: none"> <li>Fever</li> <li>Fits</li> <li>Diarrhoea / Vomiting</li> <li>Abdominal pain</li> <li>Dehydration/weight loss</li> <li>Respiratory distress</li> <li>Spots &amp; rashes</li> <li>Injury &amp; self harm</li> <li>Non accidental injury</li> <li>Limping</li> </ul>

Each core presentation is associated with core conditions, which are listed within the system-based learning outcome section of this guide. You should focus your clinical work and reading around these presentations and conditions, but do not see your work as being restricted to these, as lots of other opportunities will arise within the course.

# Learning Outcomes

The CH learning outcomes are presented as:

1. **Generic course learning outcomes.** These cover a range of knowledge & skills, including history taking, clinical examination & procedures, as well as other important principles and skills required for medical practice, including professional behaviour, clinical reasoning and prescribing.
2. **System-based content and outcomes.** These include the core presentations, core conditions & related procedures, investigations and outcomes.

During Stage 3 the emphasis is on developing diagnostic and clinical investigative skills though some knowledge of basic treatment is expected.

In Stage 5 the detailed management planning of some common conditions will be emphasised.

## 1. Generic course learning outcomes

### ***Clinical Skills***

#### Stage 3

Take a history, which:

- ◆ when practicable, features information from the child
- ◆ takes account of birth, immunisations, growth, education and development
- ◆ recognises the place of the individual within the family and community
- ◆ takes account of psychological influences on acute and chronic illness

Undertake an age-appropriate examination of children, which includes:

- ◆ recognition of normal & abnormal emotions, behaviour and development
- ◆ evaluation of cardiorespiratory, gastrointestinal, genitourinary, musculoskeletal, ENT and nervous systems

#### Stage 5

Integrate results of history, examination & common investigative tests, so as to facilitate diagnosis

- ◆ by gathering and interpreting relevant clinical information
- ◆ by recognising the patterns of presentation of core conditions

and

- ◆ recognise serious acute physical or mental illness
- ◆ appreciate emotional neglect or abuse of the child

## ***Practical Procedures***

Stage 3 & 5

Be able to perform simple procedures as detailed in the Study Guide and Clinical Logbook, including:

- giving an adequate explanation to obtain consent in line with University guidance
- measures to reduce the risk of cross infection and other relevant hazards

## ***Patient Investigation***

Stage 3

**Follow general principles, by:**

Making an evidence-based choice of relevant investigations for children and adolescents:

- ◆ having an awareness of their limitations and impact on the individual and family
- ◆ gaining insight into how consent is sought from families and young people and how they are informed and prepared
- ◆ the ability to understand the normal ranges and common patterns of abnormal results for the first line investigations performed in core conditions

Stage 5

Be able to request, justify and interpret appropriate and relevant laboratory-based investigations according to national guidelines and local protocols.

## ***Outcomes for Patient Management***

Stage 3

Follow general principles, recognising the importance of:

- patient's safety at all times
- need to give appropriate information and obtain consent to ensure concordance and when to use appropriate legal frameworks

Stage 5

The ability to formulate management plans for children which:

- ◆ take account of age, maturity and the family's wider needs
- ◆ incorporate opinions from other relevant health care professionals
- ◆ involve appropriate inpatient or community support services
- ◆ recognise the role of pharmacological and non-pharmacological interventions for the management of common childhood disorders
- ◆ recognize the need for urgent treatment

## ***Prescribing***

Stage 3 and 5

Describe how altered physiology, pharmacokinetic handling & pharmacodynamic response occur in children.

Be able to calculate rates of fluid administration (oral & intravenous) for individual patients based on deficit and daily maintenance requirements, and be able to prescribe fluids correctly on an appropriate fluid prescription chart.

With the aid of the British National Formulae (BNFC) for children be able to calculate drug dosages which can be delivered practically for individual patients and work out loading and delivery rates for children which:

- ◆ take account of age appropriate formulations
- ◆ are calculated on individual weight, surface area or age range

## ***Communication***

Stage 3 and 5

Follow general principles of good communication, including:

- active listening
- gathering and giving information with good record keeping
- explaining to family when error has occurred
- making oral presentations & writing reports
- safeguarding confidentiality
- recognising own limitations, extent of personal knowledge

In communicating with patients / relatives, be able to:

- demonstrate empathy
- elicit child and family's ideas, concerns & expectations
- communicate with adolescent separately from relatives
- achieve a shared understanding
- build and maintain a relationship
- acknowledge individual's and parental anxieties and answer questions honestly

## ***Data & Information Handling Skills***

Stage 3 and 5

In relation to patient records:

- maintain high quality of recording (whether by writing or on computer)
- write up patient notes in a legible and structured format and include information given to parents or other professionals
- demonstrate an awareness of the different types of records and how they are stored and retrieved
- maintain confidentiality
- demonstrate awareness of legislation governing access to medical records and data

In accessing and manipulating data, demonstrate ability to use:

- library and other information systems to access data
- information from primary sources to inform evidence-based practice
- use information from secondary sources (e.g. professional guidelines)

Maintain records for personal & professional development

## ***Understanding of basic & clinical sciences and underlying principles***

Stage 3

Demonstrate knowledge and be able to discuss the behaviour and relationships between individuals and their family / partners, immediate social groups, and society at large

- ◆ how behaviour and relationships within families influence expression of illness
- ◆ the close interplay between physical illness and mental health in young people

Stage 5

Define public health problems at a population level or in clinical practice

Appreciate that health promotion & disease prevention depend on team-working and collaboration with other professionals & agencies:

- ◆ discuss the role of primary care team members in promoting Child and Adolescent Physical and Mental Health

Recognise opportunities for screening, disease prevention, health education, health promotion.

## ***Understanding of patient investigation and management***

Stage 3

Demonstrate knowledge of the indications for the provision of range of interventions and therapies provided by other professionals

- ◆ social work services
- ◆ health visiting
- ◆ physiotherapy & occupational therapy
- ◆ school services
- ◆ educational and clinical psychology
- ◆ speech & language therapy
- ◆ pharmacists
- ◆ dietitians
- ◆ charities and third sector organisations

## ***Appropriate ethical understanding and knowledge of legal and professional responsibilities***

Stage 3

Demonstrate an understanding of the duty of a doctor to respect rights, interests and duty of confidentiality of children and young people

Demonstrate acceptance of the professional responsibilities and role of the doctor, with regard to:

- ◆ the legal and ethical aspects of the capacity of young people to consent to and refuse treatment
- ◆ the respective role of parents/ guardians, healthcare professionals and courts in decision regarding treatment of children and young people
- ◆ The value of research into child and adolescent health and the ethical and legal limitations involved
- ◆ The ethical, legal and professional aspects of neonatal care
- ◆ appreciate the role of the doctor as an advocate for children, young people and families

Stage 5

- ◆ ethical and legal issues in childhood safeguarding and female genital mutilation.

## ***Personal development***

**Stage 3**

Conduct oneself as a reflective and accountable practitioner

- ◆ recognising the pressures of dealing with distressing family situations
- ◆ understanding the influence of personal experience in the interpretation of problems encountered whilst working with adolescents and children

Stage 5

- ◆ demonstrating ability to reflect and discuss difficult situations encountered during the rotation, particularly personal and ethical dilemmas acknowledging confidentiality issues

## 2. System based content and learning outcomes

### Key to tables:

<b>System</b>	
Core presentations	The most relevant core presentations to the system
Core conditions	The most relevant core conditions to the system
Procedures	To be able to perform the procedure either supervised or unsupervised as appropriate To be able to understand the indications for and interpret basic results
Investigations	To be able to understand the indications for and interpret basic results
Outcomes	Specific learning outcomes to be achieved

<b>2.1 Growth, Development &amp; Promotion of Good Health</b>	
Core presentations	<p><b>Stage 3</b></p> <p>Normal healthy child</p> <p>Weight faltering/ failure to thrive</p> <p>Developmental delay</p> <p>Learning disability</p> <p><b>Stage 5</b></p> <p>The overweight child</p>
Core conditions	<p><b>Stage 3</b></p> <p>Normal growth &amp; development</p> <p>Poor weight gain/ failure to thrive</p> <p>Psychosocial deprivation</p> <p>Cerebral palsy</p> <p>Down's syndrome</p> <p><b>Stage 5</b></p> <p>Obesity</p>
Procedures	<p><b>Stage 3</b></p> <p>Height/length, weight and head circumference measurements</p> <p>Plotting measurements on centile charts</p> <p>Discuss vaccination programme</p> <p>Developmental assessment in pre school child</p> <p>Health promotion advice</p>
Investigations	Screening tests
Outcomes	<p><b>Stage 3</b></p> <p>Have knowledge of the pathophysiology of illnesses of childhood and adolescence relating to core presentations and conditions</p> <p>Understand the reasons why children fail to thrive</p> <p>Understand infant feeding &amp; particularly the importance &amp; problems of breast feeding</p>

	<p>Have knowledge &amp; be able to identify opportunities for screening, disease prevention &amp; communicable disease control (example, neonatal screening, including oto-acoustic emission)</p> <p>Be able to recognise the social and environmental influences on the healthy development of the foetus, infant and child including family income, employment, social support, housing, education &amp; exposure to environmental hazards (example, smoking)</p> <p>Demonstrate knowledge of contraindications to, and complications of routine vaccinations</p> <p>Demonstrate knowledge of use of investigations undertaken for dietary and nutritional problems</p> <p>Perform a history and examination for the core presentations / conditions</p> <p>Perform a developmental examination in preschool child</p> <p><b>Stage 5</b></p> <p>Measure &amp; record a range of growth parameters &amp; be able to interpret changing trends</p> <p>Management of obesity</p> <p>Be able to assess the health education and health promotion needs of individual families and take action, where appropriate (example: breastfeeding, parenting support, exercise)</p> <p>Be able to discuss vaccination schedules with an anxious parent</p> <p>Need for population-based vaccination programmes</p>
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<b>2.2 Behaviour</b>	
Core presentations	<p>Emotional and behavioural disturbance – including behaviours that challenge</p> <p>Problems with social communication</p> <p>Problems with concentration</p> <p>Problems with interpersonal interactions</p> <p>Psychiatric emergencies – including self-harm</p>
Core conditions	<p>Neurodevelopmental disorders: Autism Spectrum Disorders, Attention Deficit Hyperactivity Disorders, Learning Disability</p> <p>Attachment Difficulties</p> <p>The following conditions are relevant to child and adolescent mental health but will be covered in the mental health rotation:</p> <p>Mood disorders</p> <p>Anxiety disorders</p> <p>Psychosis</p> <p>Eating disorders</p> <p>Substance misuse</p> <p>Acute reactions to stress</p>
Procedures	
Investigations	
Learning Outcomes	<p><b>Stage 3</b></p> <p>Be able to take a child and adolescent mental health history</p> <p>Describe the key features of the above conditions and how these vary according to age and development</p> <p>Understand the distinction between normal variation in behaviour and a diagnosable disorder</p> <p>Be able to undertake a mental state examination on a real or simulated patient</p> <p><b>Stage 5</b></p> <p>Be able to recognise clinical features associated with the core conditions</p> <p>Know how clinical diagnosis and management can be supported by structured tools eg Risk assessment tools, Describe the main psychological and pharmacological therapies used in the management of the core conditions.</p>

<b>2.3 Respiratory system</b>	
Core presentations	<b>Stage 3</b> Stridor Cough & wheeze Breathlessness/Respiratory distress
Core conditions	<b>Stage 3</b> Cystic fibrosis Asthma Pneumonia Croup Bronchiolitis Inhaled foreign body Anaphylaxis Congenital heart disease and heart failure
Procedures	<b>Stage 3</b> Measurement of pulse, temperature, respiratory rate Measurement of oxygen saturation <b>Stage 5</b> Assessment of inhaler technique
Investigations	Chest X-ray Sweat test CF genotypes
Outcomes	<b>Stage 3</b> Knowledge of the pathophysiology and clinical presentation of above Perform a history and examination for the core presentations / conditions Measure & record on a bedside chart a range of relevant age-appropriate clinical parameters & be able to interpret changing trends Appropriate use of chest X-ray in acute or chronic respiratory conditions Be able to apply oxygen saturation monitor & interpret results Discuss asthma monitoring (symptom diary; peak flow measurement) Knowledge of the appropriate use of drugs in children with pneumonia & asthma <b>Stage 5</b> BTS guidelines management of asthma The use of bronchodilators, steroids and methods of delivery (including inhaler technique) in the home & hospital management of childhood asthma (including ability to explain to parents/child) Multidisciplinary approach to management of cystic fibrosis

<b>2.4 Gastrointestinal system</b>	
Core presentations	<b>Stage 3</b> Abdominal pain acute & chronic Diarrhoea & vomiting Difficulties stooling Rectal bleeding Jaundice
Core conditions	<b>Stage 3</b> Intestinal obstruction Constipation and soiling Non-organic abdominal pain Gastroenteritis Inflammatory bowel disease Coeliac disease Gastro-oesophageal reflux Pyloric stenosis Overfeeding Food intolerance/allergy Torsion of testis Appendicitis Intussusception Hepatitis
Procedures	Fluid replacement
Investigations	<b>Stage 3 &amp; 5</b> Urea & electrolytes Liver function tests Abdominal ultrasound scan Acid base balance
Outcomes	<b>Stage 3</b> Knowledge of the pathophysiology and clinical presentation of above Perform a history and examination for the core presentations / conditions Ability to assess dehydration Oral rehydration therapy (ORT) in gastroenteritis Ability to prescribe intravenous fluid replacement in gastroenteritis/dehydration  <b>Stage 5</b> Recognition of the acute/surgical abdomen and appropriate referral pathway

	Initial management of children with non organic abdominal pain Appropriate use of abdominal USS Awareness NICE guidelines for gastroenteritis & constipation
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<b>2.5 Endocrine system</b>	
Core presentations	<b>Stage 3</b> Polyuria & polydipsia Weight loss
Core conditions	<b>Stage 3</b> Type I diabetes mellitus (IDDM)
Procedures	<b>Stage 3</b> Measuring blood glucose
Investigations	<b>Stage 3</b> Blood glucose Urine dipstick
Outcomes	<b>Stage 3</b> Have knowledge of the clinical presentation; pathophysiology and main elements of maintaining control in IDDM Measure blood glucose accurately using monitoring sticks and appropriate meter <b>Stage 5</b> Knowledge of management of IDDM and main problems encountered by families Management Hypoglycaemia Insulin administration Prevention of long term complication

<b>2.6 Renal</b>	
Core presentations	<p><b>Stage 3</b></p> <p>Dysuria; unexplained temperature</p> <p><b>Stage 5</b></p> <p>Day and night time wetting</p>
Core conditions	<p><b>Stage 3</b></p> <p>Urinary tract infection (UTI)</p> <p><b>Stage 5</b></p> <p>Nocturnal and diurnal enuresis</p>
Procedures	<p>Obtain age appropriate sample for urine culture</p> <p>Dip stick testing urine</p>
Investigations	<p><b>Stage 3</b></p> <p>Abdominal ultrasound</p> <p><b>Stage 5</b></p> <p>Isotope kidney scans</p> <p>Micturating cystourethrogram</p>
Outcomes	<p><b>Stage 3</b></p> <p>Knowledge of clinical presentation of UTI</p> <p><b>Stage 5</b></p> <p>Management of enuresis</p> <p>Treatment of UTI and awareness of guidelines for screening for underlying abnormalities after a UTI</p>

<b>2.7 Musculoskeletal system</b>	
Core presentations	<b>Stage 3</b> Limping child
Core conditions	<b>Stage 3</b> Irritable hip Arthritis (Inflammatory septic) Trauma
Outcomes	Have knowledge of the pathophysiology and clinical presentation of above conditions Perform a history and examination of core presentations / conditions using pGALS approach Differentiate normal and abnormal, and detect by examination and describe, common signs of musculoskeletal disease <b>Stage 5</b> Demonstrate knowledge of the appropriate use of drugs in children who are in pain

<b>2.8 Neurological system</b>	
Core presentations	<p><b>Stage 3</b></p> <p>Headache</p> <p>Fits</p> <p><b>Stage 5</b></p> <p>Depressed conscious level</p>
Core conditions	<p><b>Stage 3</b></p> <p>Migraine</p> <p>Tension headache</p> <p>Tumour</p> <p>Meningitis</p> <p>Febrile convulsions</p> <p>Epilepsy</p> <p><b>Stage 5</b></p> <p>Head injury</p>
Procedures	<p><b>Stage 5</b></p> <p>Glasgow coma scale/ Modified Glasgow coma scale</p>
Investigations	<p><b>Stage 3</b></p> <p>Intracranial imaging</p>
Outcomes	<p><b>Stage 3&amp;5</b></p> <p>Have knowledge of the pathophysiology and clinical presentation of core presentations and conditions</p> <p><b>Stage 5</b></p> <p>Be able to discuss the aetiology and home management of febrile convulsions with a parent</p> <p>Be able to assess a child with a head injury sent into the Accident &amp; Emergency department</p>

<b>2.9 Special senses / head and neck</b>	
Core presentations	<b>Stage 3</b> Hearing problems Nasal discharge
Core conditions	<b>Stage 3</b> Impaired hearing Glue ear Adenoidal enlargement Allergic rhinitis Foreign body
Outcomes	<b>Stage 3</b> Knowledge of presentation of above Appropriate referral pathways Be able to visualise the fauces, external auditory canal and tympanic membrane

<b>2.10 Skin</b>	
Core presentations	<b>Stage 3</b> Spots & rashes
Core conditions	<b>Stage 3</b> Common childhood exanthemata Purpura & bruising (Meningococcal septicaemia, idiopathic thrombocytopenic purpura – ITP & Henoch Schonlein Purpura – HSP) Eczema Impetigo
Investigations	<b>Stage 3</b> Blood count Coagulation Blood culture Skin swabs
Outcomes	<b>Stage 3</b> Knowledge of the pathophysiology and presentation of above conditions <b>Stage 5</b> Principles of management of eczema & impetigo

<b>2.11 Neonatal medicine</b>	
Core Presentation	<b>Stage 3</b> Respiratory distress Floppy infant Jaundiced infant Prematurity Small for dates Intestinal obstruction
Core Conditions	<b>Stage 3</b> Neonatal respiratory distress syndrome Transient tachypnoea newborn Meconium aspiration Hypoxic ischaemic encephalopathy Sepsis Haemolytic disease newborn Physiological jaundice Breast milk jaundice Hypoglycaemia Malrotation Meconium ileus Hirschsprung's disease
Procedures	<b>Stage 3</b> Rectal temperature Respiratory rate Blood glucose strip monitoring
Investigations	<b>Stage 5</b> CXR Abdominal X-Ray Cerebral ultrasound Interpretation of elevated bilirubin
Outcomes	<b>Stage 3</b> Knowledge of pathophysiology and clinical presentation of above conditions  <b>Stage 5</b> Ability to perform routine examination of newborn Knowledge of initial management of above conditions

<b>2.12 Critical illness</b>	
Core presentations	<p><b>Stage 3</b></p> <p>Sudden death</p> <p>Shock</p> <p>Respiratory distress/stridor</p> <p>Acute abdominal pain</p> <p>Prolonged seizure</p> <p>Injury</p>
Core conditions	<p><b>Stage 3</b></p> <p>Sudden unexpected death in infancy</p> <p>Meningococcal sepsis/dehydration/diabetic ketoacidosis</p> <p>Pneumonia/acute asthma/croup/anaphylaxis/inhaled foreign body</p> <p>Status epilepticus/prolonged fever associated seizures</p> <p>Appendicitis/intussusception</p> <p>Non accidental injury (NAI) – bruising &amp; fractures</p>
Procedures	<p><b>Stage 3</b></p> <p>Measurement and interpretation of pulse, temperature, respiratory rate, capillary refill time</p> <p>Oxygen saturation monitoring</p> <p>Measurement of blood pressure in age-appropriate manner</p> <p><b>Stage 5</b></p> <p>ABC approach</p> <p>Basic Life Support</p>
Outcomes	<p><b>Stage 3</b></p> <p>Accidental v non accidental injury</p> <p><b>Stage 5</b></p> <p>Be able to formulate a management for above recognising the need for urgent treatment. Demonstrate ability to calculate fluid requirements in shocked or dehydrated child. Safe prescribing – age/weight/surface area</p> <p>Patterns of bruising &amp; fractures in NAI</p> <p>Multidisciplinary approach to the investigation of suspected NAI</p> <p>Factors that reduce risk of sudden infant death</p>

<b>2.13 Fever</b>	
Core presentations	<b>Stage 3</b> Fever
Core conditions	<b>Stage 3</b> Urinary tract infection Otitis media Tonsillitis Meningitis Pneumonia Septicaemia
Procedures	<b>Stage 3</b> Obtain throat swab
Investigations	<b>Stage 5</b> Lumbar puncture Blood culture
Outcomes	<b>Stage 3</b> Have knowledge of the pathophysiology and presentation of above conditions Perform a history and examination for the core presentations / conditions <b>Stage 5</b> Interpretation of result of Cerebro Spinal Fluid (CSF) analysis Formulate a management plan for a child with fever Demonstrate knowledge of the appropriate use of antibiotics in children with infection Awareness of NICE guidelines for fever

# Integrated Teaching & Learning

## Primary Care

General practice has always played a major role in provision of health care for children, and in antenatal and postnatal care. Throughout Stage 3 you will be spending a half day each week in a primary health care setting.

Linked teaching and learning includes:

- Attending a well baby clinic
- Interviewing and examining relevant patients
- Appreciating the impact of obesity in childhood and its implications for adult life
- Opportunistic contact with patients when sitting in surgeries, clinics or on home visits
- Continuity patients, where appropriate

## **Recommended Reading**

See online reading list on LSE under Course information tab

# Assessment & Appraisal

## Stage 3

Information relating to assessment in Stage 3 and how assessment grades associated with CH are combined with grades from FoCP, the other EJR rotations and the progress examinations to give the final grades for Stage 3 can be found in the **Stage 3 Handbook**.

In CH assessment & appraisal for stage 3 comprises:

- In-course formative appraisal
  - Skills, Knowledge and Professionalism
- In-course summative assessment
  - Skills, Knowledge and Professionalism
- Self assessment

## In-course formative appraisal

The formative appraisal forms & the Clinical Logbook may be used in the following ways:

- Completed as a self-appraisal exercise and then discussed with a clinical teacher
- Completed by any member of the team you are working with (including fellow students)
- Completed by a clinical teacher in an informal or a formal appraisal encounter (as below)

You are advised to take the opportunity to participate in formative appraisal as often as is appropriate and practicable and to retain all completed formative appraisal forms in your Portfolio. This will provide you with a permanent record of the feedback given on your strengths and weaknesses and allow you to monitor and reflect on your own progress.

### Skills and Knowledge

On at least two occasions during CH you should seek formative feedback on your history taking and examination skills and your application of knowledge. This can be done by any member of the local team with appropriate experience e.g. nurse practitioner, more senior student or medical staff [These encounters must relate to at least one paediatric and one adolescent case].

### Professional Behaviour

At regular points during CH you should undertake self-appraisal of your progress towards the outcomes relating to personal and professional development by completing a 'Formative Professional Behaviour Appraisal Form' and handing it to your clinical teacher for comment and feedback.

Copies of these forms are available on the LSE.

## In-course summative assessment

### Skills and Knowledge

There will be one assessment of your progress towards the outcomes relating to clinical skills and application of knowledge. We will use a 'In Course MOSLER – Summative' form.

Each form should be signed by your clinical assessor before being submitted to your Base Unit Office. You may retain a copy of each of these forms in your Portfolio.

## Professional Behaviour

During the last week of the rotation a summative assessment of your progress towards the outcomes relating to your personal and professional development will be made using the 'Summative Professional Behaviour Assessment Form'.

When completing this form, your Clinical Supervisor will request to see the evidence contained within your Clinical Logbook which indicates that you have made progress towards completing the required learning outcomes for the rotation. This form will need to be signed by both you and your Clinical Supervisor before being submitted to your Base Unit Office. You should retain a copy of this form in your Portfolio.

## Cases

During CH you are required to choose one case to present or write up. The presentation or write up should include history, examination findings and relevant investigation results with a referenced discussion. If you choose to write this up the discussion should be approximately 400 words. The case should be considered in a holistic way i.e. not just dealing with acute medical problems, but reflecting on the wider effect of illness and treatment on the individual and their family.

Discuss with your supervisors the level of detail required by your individual Unit as this will depend on the balance of their in-patient and out-patient populations. Units may use different facets of case reports in a variety of ways to ensure that you attain your learning outcomes. You are strongly encouraged to choose aspects of cases that you find interesting for further discussion in your report.

The presentation or report must be seen and signed off by your clinical Supervisor and will form part of the summative assessment of your professional approach in relation to the 'completion of rotation outcomes' criterion. If you have formally presented the case, you may include the PowerPoint handout slides format as part of your e-Portfolio record.

You may consider submitting the written report for Neligan prize.

## **Stage 5**

On completion of this rotation you should have completed all the learning outcomes for the MB BS programme relating to Child Health.

In course formative assessment is identical to stage 3 and you will be expected to demonstrate you have completed the Portfolio and Child Health Log book outcomes and it is expected that the competencies will have been 'signed off'.

Summative assessment is a clinical encounter in a MOSLER style ( 7 minutes focused history, 7 minutes focused examination and 6 minutes discussion and questions). During this you will be observed for the history taking and examining a system and finally you have a discussion on the case with your assessor.

Your clinical supervisor/assessor will record this assessment on the 'In Course MOSLER – Summative' form, and they must then be returned to your Base Unit Office. You are advised to keep a copy

# Prizes

## **Stage 3**

Gerald Neligan Prize in Paediatrics and Royal College of Paediatrics and Child Health Prize – This prize includes attendance at the RCPCH Annual Conference which usually takes place in the spring. It is an annual essay prize for the best case study and discussion. The case should be considered in a holistic way i.e. not just dealing with acute medical problems, but reflecting on the wider effect of illness and treatment on the individual and their family.

Further details of all prizes are available via the Medical Student Office and LSE website.