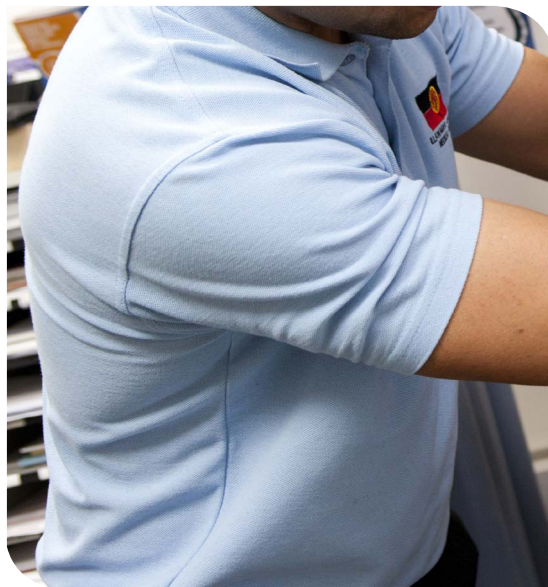
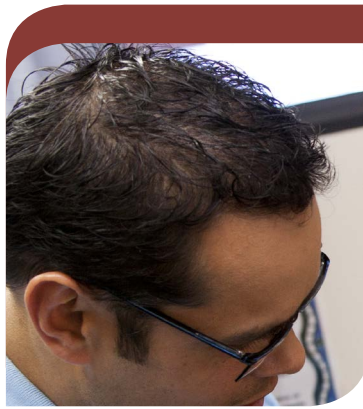




Advanced Specialised Training Paediatrics

Curriculum



FELLOWSHIP

Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE



Contact details

Australian College of Rural and Remote Medicine
Level 2, 410 Queen Street, Brisbane, Qld 4000
GPO Box 2507, Brisbane, Qld 4001
P: (+61) 7 3105 8200 or 1800 223 226
F: (+61) 7 3105 8299
E: training@acrrm.org.au
ABN 12 078 081 848

Copyright

© 2016 Australian College of Rural and Remote Medicine. All rights reserved. No part of this document may be reproduced by any means or in any form without express permission in writing from the Australian College of Rural and Remote Medicine.

Version: 01/16

Acknowledgements

ACRRM thanks the following people for their time and expertise in the development of this curriculum:

- Dr Anita Banks – Paediatric Director, Pilbara, WA
- Dr Don Bowley – Medical Director:- RFDS, Mt Isa QLD
- Dr Owen Casson – APLS Instructor, VIC
- Dr Ralph Chapman – District Medical Officer, ACRRM miniCEX and StAMPS examiner, Broome, WA
- Dr Greg Coffey – Executive Medical Director, Mt Isa QLD
- Dr Guy Fielding – General Practitioner, QLD
- Dr Keith Grimwood – Director Qld Children’s Medical Research Institute, Queensland Health
- Dr Chris Harnden – Senior Lecturer Rural Medicine, Sub-Dean, University of Melbourne School of Rural Health, Shepparton, VIC
- Dr Richard Heazlewood – Senior Medical Officer, Paediatric Outreach Programme, Cairns & Hinterland Districts QLD
- Honey Heussler – Developmental & Sleep Paediatrics Mater Hospital, Brisbane QLD
- Helen Holzwart-Jones – Northern Clinical Network Coordinator, North QLD Health Districts
- Dr Elena Mantz – Consultant Paediatrician, Cairns & Hinterland Districts QLD
- Dr Brent Masters – Director Respiratory Medicine, Queensland Health
- Dr Peter McKenna – Medical Superintendent, Queensland Health
- Dr Ross Messer – Paediatric Director, Cairns & Hinterland Districts QLD
- Dr Ulrich Orda – Senior Medical Officer Emergency Department, Mt Isa QLD
- Dr Rhys D Parry – Paediatric Director, Mt Isa QLD
- Dr Ross Pinkerton – Clinical Chair Statewide Child & Youth Clinical Network - Executive Director Division of Oncology Royal Children’s Hospital, Queensland Health
- Dr Francois Pretorius – Principle Doctor, Doctors on Buderim
- Dr Mohammad Qureshi – Senior Medical Officer- Paediatrics, Mt Isa QLD
- Dr Alan Ruben – Paediatrician & Public Health Physician, NT
- Dr Alan Sive – Director of Paediatrics, Townsville Health Service District, QLD
- Dr Sarah Strasser – Associate Vice President, Academics and Interprofessional Practice, Health Sciences North, Sudbury, Ontario, Canada
- Dr Donna Taylor – Consultant Paediatrician, Mackay QLD
- Dr Jim Thurley – Principal writer – Clinical Services Advisor, GPNNT
- Dr Lara Weiland – Senior Medical Officer RFDS, Queensland
- Dr Andrew White – Paediatric Director, Townsville QLD
- Dr Michael Williams – Paediatric Director, Mackay District QLD
- Dr Michael Young – Medical Superintendent, Bowen QLD

Contents

1. BACKGROUND.....	5
2. PURPOSE AND REQUIREMENTS.....	5
2.1 Purpose.....	5
2.2 Target group.....	5
2.3 Training requirements.....	5
2.4 Potential posts.....	6
2.5 Pre-requisites and co-requisites.....	6
3. RATIONALE.....	7
4. LEARNING ABILITIES.....	8
5. DOMAINS.....	9
Domain 1: Provide medical care in the ambulatory and community setting.....	9
Domain 2: Provide care in the hospital setting.....	11
Domain 3: Respond to medical emergencies.....	12
Domain 4: Apply a population health approach.....	13
Domain 5: Address the health care needs of culturally diverse and disadvantaged groups...14	
Domain 6: Practise medicine within an ethical, intellectual and professional framework.....15	
Domain 7: Practise medicine in the rural and remote context.....	16
6. DEFINITION OF TERMS.....	17
7. KNOWLEDGE AND SKILLS.....	24
8. TEACHING AND LEARNING APPROACHES.....	29
9. SUPERVISION AND SUPPORT.....	29
10. ASSESSMENT.....	30
10.1 Paediatrics supervisor feedback reports.....	30
10.2 Formative MiniCEX.....	30
10.3 Paediatrics Structured Assessment using Multiple Patient Scenarios (StAMPS).....	31
11. POTENTIAL ARTICULATION.....	31
12. LEARNING RESOURCES.....	31
13. EVALUATION.....	33

1. Background

Completion of a minimum 12 months Advanced Specialised Training is an essential component of training towards ACRRM Fellowship. Candidates can select from a number of training areas which reflect rural and remote clinical practice needs.

Paediatrics is a particular priority due to the frequency of presentations of paediatric patients to general practitioners in both rural and remote settings and in urban general practice.

This Advanced Specialised Training Curriculum sets out the advanced abilities, knowledge and skills required upon completion of an Advanced Specialised Training year in paediatrics. These abilities build on the child and adolescent health skills and other training laid out in the primary curriculum.

2. Purpose and requirements

2.1 Purpose

The purpose of this curriculum is to assist in delivery of paediatrics services in rural and remote communities by fostering advanced paediatrics training among rural and remote doctors.

The curriculum defines the advanced skills that will enable GPs to offer enhanced paediatric health services to their communities, and provide an advisory resource in paediatrics to other GPs.

2.2 Target group

This curriculum targets ACRRM candidates who are undertaking an Advanced Specialised Training (AST) year in Paediatrics. An AST in Paediatrics would be appropriate for any ACRRM registrar with an interest in child and adolescent health.

2.3 Training requirements

Clinical training

Advanced Specialised Training in Paediatrics requires a minimum 12 months full time or equivalent part time training. The training program will take into account other professional, personal and family needs and will offer the flexibility for individuals to undertake this training on a part-time basis or in two or more blocks. Candidates who choose these options will not be disadvantaged. Subject to prior approval by the ACRRM censor, candidates may request to undertake up to 6 months of this training in one or two sub-specialty areas.

Education

Doctors undertaking an AST in paediatrics are required to satisfactorily complete the following courses:

- Advanced Paediatric Life Support (APLS) course
- Neonatal resuscitation course and
- Child protection course

It is strongly recommended that candidates undertake an academic program in child health or paediatrics to support the acquisition of appropriate theoretical knowledge. See the Potential Articulation section of this curriculum for suggestions on suitable courses.

2.4 Potential posts

Training for the Advanced Specialised Training year in Paediatrics may be undertaken across one or more posts. An appropriate post or combination of posts must be prospectively accredited by ACRRM.

To achieve the curriculum outcomes, it may be necessary for a registrar to split his/her training between more than one post. It may also be necessary to undertake one or more short-term secondments to learn specific skills.

Appropriate posts would have the following features:

- able to offer appropriate supervision by a specialist paediatrician or GP with an appropriate skill set, subject to approval by ACRRM
- able to offer a suitable range and depth of paediatric learning opportunities

Facilities that may contribute to a teaching post may include:

- 6 months in an accredited paediatric acute care unit
- 3 months community child health
- 3 months child psychiatry

A teaching post accredited for RACP for basic / advanced paediatric physician training will generally be suitable but must also gain accreditation for AST paediatric training. Institutions with established educational links to other institutions and involvement with undergraduate teaching and other vocational training would be highly desirable.

See Standards for Supervisors and Teaching posts in AST for further information.

2.5 Pre-requisites and co-requisites

Prior to undertaking this post, candidates must meet the following criteria:

- satisfactory completion of 12 months Core Clinical Training component of ACRRM Fellowship training or
- completed postgraduate year two for those doctors who are not in Fellowship Training.

There is an assumption that candidates already have basic paediatric health competence, as outlined in the ACRRM Primary Curriculum.

3. Rationale

Many rural and remote areas in Australia experience long-term shortages of specialist paediatricians. In these areas the general practitioner can usually obtain advice from a specialist paediatrician by telephone, or send test results by email for an opinion. However, these clinical interactions are more complex than standard referrals, and place additional requirements on the treating GP. The GP will often need to deliver a broader range of services, regardless of telephone advice or assistance. In particular, most practical skills, time-critical skills and chronic care skills are difficult or impossible for a distant specialist to deliver over the telephone. Therefore, advanced skills in paediatric diagnosis and management can be highly advantageous to rural or remote general practitioners and to their young patients.

Children of families living in rural and remote areas experience the same spectrum of chronic and acute presentations as their urban counterparts. However, families living in rural and remote areas often have less support available compared to families living in larger urban centres. These families are often required to travel to major cities to obtain the treatment their children require. This can cause significant disruption to family life and interruption to the parents' ability to work and support the family. However, these burdens can be reduced if appropriately skilled general practitioners in rural and remote areas are able to provide some of these advanced paediatric services in the child's home town.

Additionally, if these GPs are able to provide exceptional team-based co-ordination of care and offer appropriate psychosocial support to these families, the burden of illness can be further reduced.

In some rural and remote communities, such as remote Aboriginal communities, general practitioners also need to understand the high burden of paediatric disease encountered in those communities. They need to be able to determine the patterns of disease and take a population health approach to disease prevention and management.

Rural and remote communities need general practitioners who are confident to deal with the acute and non-acute childhood and adolescent presentations, as well as parental concerns. Candidates undertaking advanced specialised training in paediatrics will work within a multidisciplinary team structure to develop skills to diagnose and manage a wide range of paediatric conditions. They will also develop skills to influence community and environmental factors to promote wellness and reduce disease incidence.

4. Learning abilities

The curriculum defines the abilities, knowledge and skills for Advanced Specialised Training in Paediatrics.

The domains of rural and remote general practice, defined by ACRRM, provide a framework for organising the learning abilities for this curriculum.

The domains are:

1. Provide medical care in the ambulatory and community setting
2. Provide care in the hospital setting
3. Respond to medical emergencies
4. Apply a population health approach
5. Address the health care needs of culturally diverse and disadvantaged groups
6. Practise medicine within an ethical, intellectual and professional framework
7. Practise medicine in the rural and remote context

These levels of achievement include and build on the abilities, knowledge and skills in the Child and Adolescent statement in the ACRRM Primary Curriculum.

5. Domains

Domain 1: Provide medical care in the ambulatory and community setting

Themes: Patient-centred clinical assessment, clinical reasoning, clinical management

Abilities

- 1.1 Establish a doctor-patient relationship with parent and child and use a patient-centred approach to care
- 1.2 Establish effective therapeutic relationships with adolescents recognising that a young person may feel self-conscious, anxious, alienated, or have difficulty disclosing distress and maintain appropriate confidentiality
- 1.3 Obtain a clinical history from the adolescent, child and/or parent that reflects contextual issues, epidemiology and cultural context
- 1.4 Consider the particular needs and anxieties of parents with sick children, whilst recognising their expertise as the close observer of the child and the illness
- 1.5 Engage with and perform a problem-focussed physical examination relevant to clinical history and risks, remembering that the child's alertness, interest and responsiveness are critical to accurate assessment
- 1.6 Use specialised clinical equipment as required for further assessment and interpret findings
- 1.7 Order and/or perform and interpret results of diagnostic tests where required to confirm a diagnosis, monitor medical care and/or exclude treatable or serious conditions
- 1.8 Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering common and important conditions in childhood and adolescence, the limitations of clinical indicators of serious illness in children and the effect of dynamics and beliefs on presentations in young people
- 1.9 Apply high level skills in diagnosing undifferentiated acute presentations and difficult or complex cases involving vague or inconclusive clinical pictures and test results
- 1.10 Communicate findings of clinical assessment effectively and sensitively and establish the child's/adolescents and parent's levels of understanding of any conditions or risks
- 1.11 Formulate a management plan for common and important conditions in childhood and adolescence in concert with the parent and/or child, that sets realistic expectations between the parent, child and doctor including the indicators and mechanisms for follow-up
- 1.12 Assess and manage children with psychosocial issues
- 1.13 Assess and manage children and adolescents with mental health conditions
- 1.14 Identify early indicators of 'at risk' behaviours of adolescents and initiate harm minimisation strategies
- 1.15 Prevent occurrence and recurrence of primary conditions and prevent secondary complications from primary conditions
- 1.16 Recognise conditions in childhood that may only show their consequences in adulthood e.g. obesity, bone health, rapid weight gain in growth retarded infants

- 1.17 Identify and manage co-morbidities in the patient and effectively communicate these to the child, adolescent and/or parent
- 1.18 Prescribe medications for children and adolescents in a safe manner and according to appropriate treatment guidelines
- 1.19 Promote parental self-confidence and skills both directly and indirectly and encourage family and community support in the immediate environment in which care occurs
- 1.20 Anticipate the need for respite care for children, adolescents and families dealing with chronic paediatric illness or disability and implement appropriate strategies for these families
- 1.21 Manage uncertainty and the need to evaluate the risks versus the benefits of clinical decisions
- 1.22 Refer, facilitate and coordinate access to specialised paediatric medical and other health and social support services
- 1.23 Provide and arrange follow-up and continuing medical care

Domain 2: Provide care in the hospital setting

Themes: Medical care of admitted patients, medical leadership in a hospital team, health care quality and safety

Abilities

- 2.1 Manage admission of paediatric patients to hospital in accordance with institutional policies
- 2.2 Develop, implement and maintain a management plan for hospitalised children with a range of acute conditions requiring inpatient admission specific to children and adolescents in concert with the parents
- 2.3 Manage the normal and common abnormalities postnatal period both in the context of hospital care and early discharge
- 2.4 Effectively manage neonates admitted with common neonatal medical conditions and be sensitive to the conditions and events that affect the mother-baby interrelationship
- 2.5 Apply relevant checklists and clinical management pathways for common conditions in children and adolescents
- 2.6 Monitor clinical progress, regularly re-evaluate the problem list and modify management accordingly
- 2.7 Maintain a clinically relevant plan of fluid, electrolyte and blood product use with relevant pathology testing considering the limitations of laboratory indicators of serious illness in children
- 2.8 Order and perform a range of diagnostic and therapeutic procedures
- 2.9 Maintain timely and accurate patient documentation in hospital records including appropriate drug dosing and administration
- 2.10 Communicate effectively with the health care team, patient and/or carer including effective clinical handover to the primary care provider
- 2.11 Use childhood early warning tools to recognise, respond and document change in health status in deteriorating paediatric patient
- 2.12 Anticipate and judiciously arrange safe patient transfer to other facilities, considering clinical indications, service capabilities, patient and parent preferences, transportation and geography
- 2.13 Lead or work within a multidisciplinary team
- 2.14 Take responsibility for decision making and consequences, including liaising with speciality units
- 2.15 Undertake early, planned and multi-disciplinary discharge planning
- 2.16 Participate in creating a hospital environment sympathetic to children including theatre and anaesthetic considerations
- 2.17 Provide direct and remote clinical supervision and support to nurses, junior medical staff and students
- 2.18 Recognise, document and manage adverse events and near misses
- 2.19 Participate in institutional quality and safety improvement and risk management activities

Domain 3: Respond to medical emergencies

Themes: Initial assessment and triage, emergency medical intervention, communication and planning

Abilities

- 3.1 Undertake initial assessment and triage of paediatric and adolescent patients with acute or life-threatening conditions
- 3.2 Stabilise critically ill paediatric and adolescent patients and provide primary and secondary care
- 3.3 Competently perform definitive emergency resuscitation of paediatric and neonatal patients, including the severely compromised newborn and in keeping with clinical need, own capabilities and local context and resources
- 3.4 Manage *childhood and neonatal emergencies*
- 3.5 Perform required *emergency procedures specific to children and adolescents*
- 3.6 Manage abnormal perinatal care, emergencies, and with neonatal resuscitation, including intubation and umbilical catheterisation, and the necessary work up, in consultation with referral centres, for evacuation when indicated
- 3.7 Arrange and/or perform *emergency patient transport or evacuation* of paediatric patients when needed
- 3.8 Demonstrate resourcefulness in knowing how to access and use available resources
- 3.9 Communicate effectively at a distance with consulting or receiving clinical personnel
- 3.10 Provide inter-professional team leadership in paediatric emergency care that includes quality assurance and risk management assessment
- 3.11 Plan for emergencies at home and in the community including use of medical alert tags and Epi-Pens[®]

Domain 4: Apply a population health approach

Themes: Community health assessment, population-level health intervention, evaluation of health care, collaboration with agencies

Abilities

- 4.1 Analyse the social, environmental, economic and occupational determinants of child and adolescent health that affect the community burden of disease and access to health-related services
- 4.2 Apply a population health approach that is relevant to the to the needs of children and adolescents
- 4.3 Counsel paediatric patients and their parents regarding appropriate disease prevention and treatment
- 4.4 Intergrate evidence-based prevention, early detection, mental and physical health maintenance activities in children and adolescents into practice at a systems level.
- 4.5 Apply evidence based activities to reduce the burden of paediatric disease in the community using practice- and community-based prevention and early detection strategies
- 4.6 Perform neonatal screening and manage abnormal results
- 4.7 Perform screening tests for developmental delay
- 4.8 Encourage parent-held record as a means of facilitating health promotion, developmental surveillance and communication between health professionals
- 4.9 Utilise available practitioners including podiatrists, orthotists, occupational therapists, dentists and physiotherapists to encourage physical achievement and fitness as well as injury treatment and prevention
- 4.10 Utilise available practitioners including audiologists and speech therapists to encourage and maintain important language development in children
- 4.11 Liaise with school and education department staff in the management of problems when necessary
- 4.12 Evaluate the quality of health care for younger patients in the practice population
- 4.13 Access and collaborate with agencies responsible for care and support of children
- 4.14 Plan health service needs and access to services by applying knowledge of the impact and implications on the paediatric and adolescent population
- 4.15 Fulfil mandatory reporting requirements in relation to health conditions, abuse and vaccinations
- 4.16 Participate as a medical advocate in the design, implementation and evaluation of interventions that address determinants of child and adolescent health

Domain 5: Address the health care needs of culturally diverse and disadvantaged groups

Themes: Differing epidemiology, cultural safety and respect, working with groups to improve health outcomes

Abilities

- 5.1 Apply knowledge of the differing profile of disease, health risks and beliefs among younger patients from culturally diverse and disadvantaged groups
- 5.2 Communicate effectively and in a culturally safe manner with younger patients and their families, using diagrams, interpreters, key community contacts and networks as appropriate
- 5.3 Recognise, diagnose and manage conditions over represented in Aboriginal and Torres Strait Islander children in a culturally appropriate manner
- 5.4 Reflect on own assumptions, cultural beliefs and emotional reactions in providing culturally safe care for younger patients and their families
- 5.5 Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research
- 5.6 Harness the resources available in the health care team, the local community and family to improve outcomes of care for younger patients
- 5.7 Work with culturally diverse and disadvantaged groups to address barriers in access to health and support services for younger people

Domain 6: Practise medicine within an ethical, intellectual and professional framework

Themes: Ethical practice, professional obligations, intellectual engagement including teaching and research

Abilities

- 6.1 Act as an advocate for the developmental and health needs of children and adolescents in the context of their family and community
- 6.2 Enhance the autonomy and personal responsibility of the young patient and their families
- 6.3 Ensure safety, privacy and confidentiality for children and adolescents whilst integrating the concepts of consent and the mature minor
- 6.4 Maintain appropriate professional boundaries with children and adolescents and their families
- 6.5 Recognise and manage child abuse in its various forms including those at risk or in a situation of abuse, violence, neglect, homelessness or accidental injury
- 6.6 Disclose suspected emotional, physical and sexual abuse or neglect of children or young people, with particular reference to mandatory reporting
- 6.7 Utilise community resources to assist in the management of childhood abuse, in the context of concurrent State and Territory Legislative requirements
- 6.8 Ensure clinical records are accurate, cogent, rational and reflect the encounter
- 6.9 Keep clinical documentation in accordance with legal and professional standards
- 6.10 Identify ways in which health outcomes may be improved for children and adolescents through enhancing family and social function
- 6.11 Demonstrate commitment to teamwork, collaboration, coordination and continuity of care for younger patients
- 6.12 Provide accurate and ethical certification when required for sickness, employment, social benefits and other purposes for the young patient and their families
- 6.13 Manage, appraise and assess own performance in the provision of medical care for younger patients
- 6.14 Develop and apply strategies for self-care, personal support and caring for family
- 6.15 Teach and clinically supervise health students, junior doctors and other health professionals
- 6.16 Engage in and contribute to continuous learning and professional development of medical, nursing and allied health in child and adolescent health
- 6.17 Critically appraise and apply research relevant to child and adolescent health

Domain 7: Practise medicine in the rural and remote context

Themes: Resourcefulness, flexibility, teamwork and technology, responsiveness to context

Abilities

- 7.1 Take into account differences in paediatric presentations that might occur in the rural and remote context
- 7.2 Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic, social and professional isolation
- 7.3 Recognise the differing availability of medical and allied health care resources in rural/remote communities and demonstrate the ability to improvise where necessary
- 7.4 Demonstrate an awareness of local issues which impact on the decision to treat or refer, such as patient preference, local transport, costs and potential benefits
- 7.5 Provide direct and distant clinical supervision and support for other rural and remote health care personnel working with children
- 7.6 Use telehealth as a tool for management of patient care
- 7.7 Use information and communication technology effectively to provide medical care or facilitate access to specialised care for patients
- 7.8 Use information and communication technology to network and exchange information with distant colleagues
- 7.9 Respect local community norms and values in own life and work practices
- 7.10 Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local paediatric population
- 7.11 Contribute to the development of the discipline of rural/remote general practice by gaining skills in teaching, research and advocacy aimed at improving the well-being of children and adolescents

6. Definition of terms

Clinical history includes	<ul style="list-style-type: none"> • maternal • family – including cultural and social factors • genetic • birth • neonatal • developmental • nutritional • immunisation • environmental • past medical • for cases of suspected child abuse
Physical examination includes	<ul style="list-style-type: none"> • elucidation of a wide range of clinical signs including subtle clinical signs • indicative of dysmorphology • investigation for negative signs (i.e. signs that are absent) • assessment of developmental age and/or learning ability • developmental assessment; including: <ul style="list-style-type: none"> • assessing developmental age and learning ability • knowing normal childhood milestones and be able to applying them appropriately to a wide range of cases • neonatal examination • Growth and serial measurement • examination and assessment of a child with a convulsion and/or altered level of consciousness • assessment for physical signs of nutritional and metabolic disorders including growth failure, obesity and insulin resistance • identify physical signs and behaviour patterns associated with neglect and abuse • examination of all joints for differential diagnosis of rheumatological conditions • mental state examination.
Diagnostic tests includes	<ul style="list-style-type: none"> • understanding of the indications, contra-indications and techniques for an extended range of paediatric diagnostic investigations • ability to arrange a wide range of paediatric tests and interpret their results, taking into consideration age variation and findings relevant to different age groups • ability to explain to parents and caregivers the relevance of the results
Common and important conditions in childhood, and adolescents include	<p>Upper respiratory, mouth, eye and ear includes:</p> <p>Recurrent viral infections, croup (acute, recurrent), stridor, laryngomalacia, rhinitis, sinusitis, nasal septal haematoma, epistaxis, sleep apnoea, hearing loss, ASOM, CSOM, otitis externa, cholesteatoma, stomatitis, thrush, herpes, coxsackie virus, teething, caries prevention, dental abscess, tonsillitis, epiglottitis, cervical adenopathy, congenital glaucoma, cataract, blocked tear duct, conjunctivitis: infectious & allergic, unilateral red eye, retinoblastoma, amblyopia, strabismus, periorbital cellulitis, foreign bodies in ears / nose / throat; & facial cellulitis.</p> <p>Lower respiratory includes:</p> <p>Recurrent bronchitis, bronchiolitis, asthma, wheezy cough under 3 years, cough, psychogenic cough, pneumonia, atypical pneumonia, pertussis, cystic fibrosis, TB, bronchiectasis, inhaled foreign body</p>

<p>Common and important conditions in childhood, and adolescents include</p>	<p>Lower Respiratory includes:</p> <ul style="list-style-type: none"> • bronchiolitis • asthma – acute and chronic management • pneumonia • chronic lung disease – including bronchiectasis • the child with fever and cough • tuberculosis – including the community aspects of management. • cystic fibrosis – including detailed understanding of the genetics • severe upper airway obstruction, including: <ul style="list-style-type: none"> ○ epiglottitis ○ severe croup <p>Cardiac includes:</p> <ul style="list-style-type: none"> • Congenital cardiac conditions, Including but not limited to: <ul style="list-style-type: none"> ○ ventricular septal defect ○ atrial septal defect ○ coarctation of the aorta ○ transposition of the great vessels ○ patent ductus arteriosus ○ Fallot's tetralogy ○ congenital arrhythmias • Acquired cardiac conditions <ul style="list-style-type: none"> ○ rheumatic fever and established rheumatic heart disease – including the major presentations ○ Kawasaki's disease ○ bacterial endocarditis ○ acquired arrhythmias ○ pericarditis ○ myocarditis and cardiomyopathies <p>Gastrointestinal includes:</p> <p>Abdominal pain, acute abdomen, headache, vomiting, diarrhoea, acute and chronic, dehydration as a factor in acute illness, rehydration techniques, gastro-oesophageal reflux disease, pyloric stenosis,, appendicitis, hernia, abdominal mass, intussusception (malrotation with volvulus),, constipation, encopresis, rectal bleeding, jaundice (especially in neonates where early diagnosis of biliary atresia is critical), hepatitis, Hirschprung disease , congenital gastrointestinal diseases, gastroenteritis, coeliac disease, inflammatory bowel disease – e.g. Crohn's disease and ulcerative colitis, food intolerances – e.g. milk protein intolerance, lactose intolerance, other acquired GI diseases</p> <p>Genitourinary includes:</p> <p>Abnormal / ambiguous genitalia, fluid - electrolyte imbalance, hydrocoele, undescended testis (early, late), inguinal hernia, urinary tract infection, vesicoureteric reflux, congenital abnormality urinary tract, acute urinary obstruction, glomerulonephritis, nephrotic syndrome, enuresis, vulvitis, labial adhesions, phimosis, paraphimosis, torsion of testis, circumcision, tumours, ovarian torsion, recognition of hypospadias</p> <p>Dermatological includes:</p> <p>Normal skin variation, aboriginal skin problems, birth marks, viral exanthems (specific and non-specific), solar pathology/prevention, napkin rash, thrush, tinea, kerion, eczema, psoriasis, seborrhoeic dermatitis, scabies, lice, molluscum contagiosum, orf, pityriasis, streptococcal skin infections including perianal streptococcus, infections, impetigo, urticaria, drug/food rashes, septicaemia, meningococcus</p> <p>Musculoskeletal includes:</p> <p>Limp, Perthes' disease, hip dysplasia, lower limb problems, patello-femoral syndromes,</p>
--	---

epiphysitis, apophysitis, soft tissue trauma, minor dislocations, progressive muscular weakness, sepsis, bone/joint infections

Infections include:

Measles, mumps, rubella, Epstein-Barr virus, herpes simplex, haemophilus influenza B, varicella, meningococcus, varicella zoster, streptococcus, staphylococcus, chronic viral, HIV, hepatitis, tropical infestations, congenital (rubella, cytomegalovirus, hepatitis). Recognition of different spectrum of infection disease in returned travellers.

Neurology:

- meningitis/encephalitis
- epilepsy – including management of an acute fit and commencement of appropriate longer term treatment
- migraine and other headaches
- febrile convulsions – including difference between simple and complex and treatment of the underlying cause
- chronic neurological conditions – the team approach to complex neurological conditions – e.g. cerebral palsy, hydrocephalus, Guillain Barre, Bell's palsy.

Nephrology includes:

- recurrent urinary tract infections – including common pathogens
- nocturnal enuresis
- renal stones
- congenital vesico-ureteric reflux
- haematuria/proteinuria and/or dysuria
- nephrotic syndrome – principles of treatment
- acute glomerulonephritis – principles of treatment
- chronic renal disease – principles of treatment

Haematological, immunological, and rheumatological includes:

Normal age haematology, anaemia and red cell disorders, lymphoma, leukaemia, inherited conditions, purpura, haemophilia, thalassaemia, sickle cell disease, blood clotting disorders caused by deficiencies of factor VIII, IX, and X, allergies (general concepts and fads), vasculidities, angioedema, Kawasaki syndrome, autoimmune disease, general arthralgia, acutely swollen joint, dermatomyositis, scleroderma, systemic lupus erythematosus, rheumatoid arthritis, immunodeficiency, HIV, AIDS, rheumatic fever

Endocrine includes:

Diabetes type 1, diabetes type 2, congenital adrenal hyperplasia, growth hormone deficiency and short stature, congenital hypothyroidism, hypopit hormone replacement following therapy for childhood malignancy, thyroid disorder/s, abnormal puberty, need for adding stress steroid doses if oral steroid for 2 weeks or more in preceding 6 months

Congenital syndromes and disorders includes:

Foetal alcohol syndrome, genetic disorders and counseling

- Dermatology:
 - urticaria and other allergic reactions
 - common viral exanthema
 - scabies
 - knowledge of common naevi and birthmarks
 - diagnosis and treatment of Eczema including Seborrhoeic Eczema
 - dermatitis
 - acne
 - erythema nodosum
 - erythema multiformae
 - psoriasis

	<ul style="list-style-type: none"> • Orthopaedics: <ul style="list-style-type: none"> ○ congenital abnormalities – including talipes, scoliosis and congenital dysplasia of the hip ○ infectious conditions – including osteomyelitis and septic arthritis ○ common childhood fractures and dislocations ○ Perthes disease ○ irritable hip ○ slipped femoral epiphyses • Mental health <ul style="list-style-type: none"> ○ sleep problems in child ○ school refusal ○ eating disorders ○ attention deficit hyperactivity disorder (ADHD) ○ oppositional defiance disorder ○ conduct disorder ○ behaviours associated with previous or current child abuse ○ tics and Tourette's syndrome ○ co-morbidities between mental health conditions <p>General issues include:</p> <ul style="list-style-type: none"> • Growth problems, failure to thrive, obesity, behavioural issues, (normal versus 'problem'), the social context, developmental delay, disruptive children, disorders - ADHD, autism spectrum disorder, sleep disorder, the crying baby, oppositional behaviour and alienation, disability, (learning: specific/general), intellectual disability (subnormality), physical disability, language disability, SIDS prevention and management
Psychosocial issues including	<ul style="list-style-type: none"> • behaviour management – including children with challenging behaviours • sleep difficulties • nocturnal enuresis • parenting issues • eating disorders • swearing problems • issues relating to the context of childhood within the family • children at risk of child abuse • grief responses
Assess and manage mental health conditions	<ul style="list-style-type: none"> • ability to perform a mental health screen for children and adolescents • management of the child whose mother has depression especially post natal depression • intervening in a case where a child or adolescent is at risk for suicide • identifying and managing early psychosis with appropriate support or referral
'At risk' behaviours of adolescents includes	<p>'At risk' behaviours are those that can have adverse effects on the overall development and well-being of the child or youth, or that might prevent them from future successes and development. This includes behaviours that cause immediate physical injury (e.g., fighting), as well as behaviours with cumulative negative effects (e.g. substance use)</p> <p>Behaviour that could lead to unplanned adverse consequences, such as harm to the person, or conflict with family, friends or the law.</p> <p>Use of HEADDSS as psycho-social screening tool</p>
Harm minimisation strategies include	Strategies that allow children and adolescents to experiment with risky behaviour in a manner that limits risks of adverse consequences
Acute conditions requiring inpatient admission specific to children and adolescents include	Head injury, hypovolaemia, hyper and hypoglycaemia, acidosis, hypoxia and blood transfusion

Common neonatal medical conditions include	Respiratory distress, asphyxia, cyanosis, hypoglycaemia, hypothermia, vomiting, failure to pass meconium, physiological and non-physiological jaundice, intrapartem and neonatal infection, seizures, maternal infection including syphilis, hepatitis B, hepatitis C, HIV, acute Herpes simplex infection.
Conditions and events that affect the mother-baby interrelationship include	Effects of maternal drug dependency, immediate neonatal care, bonding, rooming in, neonatal screening, post (early) discharge care, breast feeding in detail, breast feeding problems including infections, formula feeding including special needs, puerperal complications, family adjustment maternal exhaustion - anxiety, formula feeding
Lead or work within a multidisciplinary team, including:	<ul style="list-style-type: none"> • developing and maintaining good working relationships with nursing staff, Aboriginal Community Health Workers, liaison officers and all Allied Health Workers including physiotherapists, occupational therapists, speech pathologists, dieticians/nutritionists, psychologists, dentists, social workers, and child protection agencies • ability to coordinate patient care and provide continuity of care throughout a treatment program that may involve multiple agencies and service providers • ability to act as a lead clinician with peers, but also be able to contribute to the team process as a team member and not necessarily the leader
Childhood and neonatal emergencies, including	<ul style="list-style-type: none"> • paediatric pain management techniques • competent and confident management of Sudden Infant Death Syndrome (SIDS) • competent and confident management of acute infections in children, including neonatal infections, sepsis and meningitis • seizure management, including diagnosis of the underlying cause(s) • management of diabetic Ketoacidosis (DKA) in children – including conservative fluid administration • warming techniques in children and neonates • neonatal management including continuous positive airway pressure (CPAP) • recognition of serious gastro-intestinal conditions, including pyloric stenosis and intussusception • recognition of uncommon but serious neonatal conditions including prematurity, sepsis, respiratory failure and congenital abnormalities • care for psychological needs of children and carers in emergency situations
Emergency procedures specific to children and adolescents include	Basic life support, early management severe trauma, neck stabilisation, airway management (intubation), hypovolaemia correction, hypoxia correction, thoracocentesis, chest drain, paediatric infusion, intra-osseous infusion, paediatric radiology, catheterisation, suprapubic aspiration, removal of foreign bodies with and without GA, simple fractures management with and without GA, simple dislocations: joint and epiphyseal, neonatal resuscitation:(intubation and umbilical catheterisation), burns management: simple, moderate, severe, ingestion of poisons and drug overdose
Emergency retrieval and transportation for paediatric patients including	<ul style="list-style-type: none"> • pre-hospital response and management • principles of aero medical transport • paediatric conscious sedation (with on-site supervision) • 'packaging' for safe transport • monitoring during transport • managing emergencies during transport • transportation of the acutely psychotic adolescent patient • communications – effective communication by distance methods with retrieval staff and consulting emergency medicine specialists to both provide and receive treatment advice. • good understanding of what information needs to be communicated
Counsel paediatric patients	<ul style="list-style-type: none"> • counselling potentially pregnant women – nutrition and alcohol consumption • genetic counselling • family planning • women's health (mothers health issues) • advice on screening for women of child bearing age • anticipatory guidance for parents and carers • ability to explain to parents the short and long term prognosis of conditions such as

	haematuria/proteinuria.
Paediatric disease	<ul style="list-style-type: none"> • anaemia • glomerulonephritis • domestic violence • child abuse • mental health • scabies and impetigo • parasitic infestation • trachoma • dental caries • gastroenteritis • rheumatic fever • bacterial endocarditis – prevention of occurrence in children with heart disease, and prevention of recurrence in children with previous episodes
Manage abnormal results	<ul style="list-style-type: none"> • screening of high risk pregnancies – including cervical cytology • vitamin D deficiency • screening for Haemaglobinopathies • varicella, cytomegalovirus and toxoplasmosis serology • chlamydia screening • thyroid function test • ‘triple’ or ‘quadruple’ testing • ultrasound for nuchal translucency • neonatal fever and suspected neonatal sepsis • neonatal jaundice • neonatal hypoglycaemia • ability to perform a heel prick test and discuss with parents the conditions it is used to test for • reasons for administration of Vitamin K, BCG and Hepatitis B vaccine at birth • respiratory distress in the newborn • feeding of the newborn • management of the infant of a diabetic mother
Mandatory reporting includes	<ul style="list-style-type: none"> • Specified people are required to report suspected child maltreatment (abuse or neglect) to statutory child protection services in Australia. The legal requirement to report suspected cases of child abuse and neglect is known as mandatory reporting. All jurisdictions possess mandatory reporting requirements of some description. However, the people mandated to report and the abuse types for which it is mandatory to report vary across Australian states and territories. Doctors are mandated to report across all jurisdictions in Australia. • Notifiable diseases
Conditions over represented in Aboriginal and Torres Strait Islander children	<ul style="list-style-type: none"> • diarrhoeal disease – acute and chronic • malnutrition – including calculation of nutritional requirements for normal growth for children and application of these results in practice • and be able to distinguish between aetiologies. • Type II diabetes / insulin resistance • failure to thrive – including ability to plot and interpret a growth chart and recognise the early signs of failure to thrive • urinary tract infections and renal stones • chronic suppurative otitis media and associated hearing loss • chronic suppurative lung disease / bronchiectasis • trachoma • iron deficiency, • scabies • parasitic infestations

	<ul style="list-style-type: none"> • impetigo • rheumatic fever • post strep glomerulonephritis, and • other infectious diseases such as parasitic diseases
Mature minor	<p>The common law recognises that a child or young person may have the capacity to consent to medical treatment on their own behalf, and without their parents' knowledge. The child or young person must have a sufficient understanding and intelligence to enable him or her to fully understand what is proposed. The level of maturity required to provide consent will vary with the nature and complexity of the medical treatment. The treatment must be in the best interests of the health and wellbeing of the child</p>

7. Knowledge and skills

Essential knowledge required

- Working knowledge of problems common during the infant, toddler, school-age and adolescent years that warrant management in the general practice setting
- Detailed knowledge of the physiological differences between a neonate and a child
- Early attachment theory
- Understand the principles and issues relating to patterns of inheritance, newborn screening and counselling
- Understand the indications, contra-indications and techniques for an extended range of paediatric diagnostic investigations
- Understand the following tests and you are strongly encouraged to gain practical experience in performing at least some of these tests:
 - full blood count – understand and advise on normal blood results
 - Point of Care testing and interpretation of urine, Hb, WCC, chem8, chem4, INR, BNP
 - gram stain on CSF
 - specialised blood tests – including arterial blood gases, renal biochemistry, liver function tests (LFTs), bacterial serology and viral serology
 - chest x-ray – interpretation of chest x-rays in children and adolescents, understanding and advising on age-appropriate variations and abnormalities
 - growth charts – understand the normal growth patterns in childhood, and appropriate use and interpretation of growth charts
 - abdominal ultrasound
 - thoracic ultrasound
 - bronchoscopy
 - CT scan interpretation
 - MRI interpretation
 - electroencephalogram (EEG) – referrals and interpretation
 - electrocardiogram (ECG)
 - bone marrow examination – ability to describe the indications
 - behavioural assessments and specialized developmental testing
- Detailed knowledge and understanding of the causes of inter-uterine conditions likely to cause developmental delay, including:
 - anomalies of the central nervous system
 - low birth weight – especially less than 1000 grams
 - chromosomal abnormalities – including fragile X syndrome
 - congenital infections
 - cerebral palsy
 - disorders of the sense organs
 - inborn errors of metabolism
 - neuromuscular disorders
 - foetal alcohol spectrum disorder (FASD) and maternal drug ingestion
 - orthopaedic abnormalities
 - poverty and maternal malnutrition
 - advanced understanding of the five domains of developmental disability:

- speech and language delay
- gross motor delay
- fine motor delay
- personal and social delay
- global delay
- Pervasive developmental disorders
 - Autistic Spectrum Disorder (ASD)
 - Rett's Syndrome
 - childhood disintegrative disorder
 - pervasive developmental delay not otherwise specified
- Learning disabilities, including:
 - understanding the protocols for administering and interpreting the results of the Wechsler Intelligence Scale for Children (WISC)
 - high level ability to discuss school performance with guidance officers, parents and children
- Nutrition
 - Knowledge of causes and implications of low birth weight, prematurity and intrauterine growth retardation
 - Knowledge the principles and issues associated with nutritional goals by age group including flexible feeding patterns, risk factors for deficiencies, as well as food allergy and sensitivity
 - Demonstrate the application of knowledge to age-specific exercise, recreation and fitness programs and reducing the risk of obesity and other related diseases
- Adolescents
 - Define the rights of children and adolescents including individual rights, use of chaperones, age of consent, confidentiality, and power of guardians over the rights of minors, in everyday patient care
 - Understand the normal striving for independence and the issues of concern to young people as they progress through adolescence
 - Comprehend the barriers perceived by adolescents which may limit access to effective medical care and how best to address these
 - Understand the effect of peer pressure, school, mass media and employment prospects on the attitude and behaviour of adolescents
 - Recognise common developmental issues for adolescents including individuation, sexual maturation, cognitive development and self-esteem
 - Know strategies to manage problems that can arise during adolescence including peer issues, and problems with body image, support/alienation from family/school/peers, oppositional behaviour, school dysfunction and self-harm
 - Understand and demonstrate strategies to manage psycho-social issues in adolescents including effects of homelessness, unemployment and their health impact, risk-taking behaviour including substance misuse (normal, experimentation, at risk, out of control), suicidal intention or self-harm, dysfunctional families, eating disorders
 - Understand financial and compliance issues when prescribing for adolescents
 - Be informed about family development and dynamics affecting children including parental substance use, the effects of smoking, childhood caffeine use and high risk families
 - Apply knowledge of the epidemiological characteristics of the paediatric population in Australia to improving care provision

- Aboriginal and Torres Strait Islander children
 - knowledge of the diseases over represented in Aboriginal children,
 - understanding the impact of poor living conditions and over-crowding
 - management of acute episodes of disease
 - long-term management of chronic conditions
 - population health initiatives for disease prevention and management
 - understanding Cultural Safety;
 - understanding Guardianship within communities;
 - understanding barriers to effective prevention, treatment, and compliance with advised care

- Sexual Health
 - knowledge of child protection including knowing the relevant laws in their state or territory
 - knowing the role of chlamydia testing and screening in teenagers
 - knowing when to take a more detailed sexual history
 - having information and resources available regarding common sexually transmitted diseases
 - know the local resources
 - know local treatment protocols

- Toxicology, poisoning and envenomation
 - know the venomous animals etc in their area of work and the principles of treatment – local spiders, snakes, marine animals
 - know the treatment of common childhood poisons and overdoses and be competent in their treatment
 - be familiar with the Poisons Information Centre including the phone numbers

- Palliative care
 - principles of palliative care in the paediatric setting
 - knowledge of local resources and referral protocols
 - knowledge of local support services and other patient resources
 - understanding the importance of supporting the child and family in a culturally appropriate manner
 - pain management

- Vaccine preventable Infectious diseases:
 - advanced knowledge of the immunisation schedule
 - ability to describe the complications of immunisations
 - ability to discuss the myths of immunisations
 - knowledge of the immunisation preventable diseases

- Growth and Nutrition including:
 - growth faltering / failure to thrive,
 - overweight / obesity,
 - specific nutritional deficiencies including iron deficiency,
 - vitamin D deficiency outside of the neonatal period.

Principles and practices for pharmaceutical prescribing in children, including differences between paediatric and adult prescribing, including but not limited to:

- thrombolytic therapy
- treatment of bleeding disorders
- inotropic therapy
- disease modifying anti-rheumatic drugs (DMARDs)
- insulin therapy
- chemotherapy
- advanced palliative care
- anticoagulation
- mental health conditions
- formulas for paediatric resuscitation, including:
 - weight
 - endotracheal tube size
 - fluid resuscitation
 - dose of adrenaline
 - Joules for electrical shock
- competent and confident estimation and administration of fluid requirements for ongoing maintenance
- appropriate pain relief: oral sucrose for infants; topical amethocaine
- Apply skills in a range of adolescent communication/assistance strategies including emergency strategies, confidential history taking, minimising anxiety, encouraging compliance, direct family counselling and assist in coping with imprisonment
- Characteristics of rural and remote settings and their implications for child and adolescent health practice, including:
 - types of conditions likely to be encountered
 - impact of rural and remote attitudes
 - impact of distance – including delays in transport/referrals
 - impact of limited resource availability
 - utilisation of technology where useful, including video/tele conferencing, video-otoscopy, PACS utilisation including USS 'quality control', and microscopy of CSF.

Essential skills required

Competent, confident and independent performance of the following skills as required in Primary Curriculum Procedural Logbook:

- Perform physical and functional clinical assessment
- Undertake a paediatric neurological assessment
- Perform endotracheal intubation (child and neonate)
- Resuscitation (child and neonate)
- Conduct defibrillation
- Perform synchronised DC cardioversion (child)
- Apply external cardiac massage
- Apply mouth to mouth/mask ventilation
- Apply bag/mask ventilation
- Insert oropharyngeal airway
- Gain intravenous access (child)
- Insert umbilical catheter (neonate)
- Gain intraosseous access and infusion
- Use of medication delivery devices (child)
- Use of spacer devices (child)
- Conduct nebulisation therapy (child)
- Insert intercostal catheter (child)
- Conduct thoracocentesis (child)
- Insert nasogastric tube (child)
- Administer local anaesthesia (child)
- Administer nitrous oxide (as analgesia)
- Administer child sedation
- Conduct lumbar puncture
- Reduce a fracture (child)
- Plaster common fracture
- Reduce a dislocated joint (child)
- Repair of superficial skin lacerations (child)
- Remove a subcutaneous foreign body (child)
- Conduct urethral catheterisation (child)
- Demonstrate suprapubic aspiration (child)
- Conduct hearing assessment
- Perform an ear toilet
- Visual acuity and field assessment
- Use ophthalmoscope
- Use slit lamp
- Topical anaesthesia of cornea
- Irrigation of eye
- Measurement of intra-ocular pressure
- Remove a foreign body from external auditory meatus and nasal cavity
- Cauterise for nasal bleeding
- Perform venous blood sampling (child)

8. Teaching and learning approaches

Teaching approaches will include, but are not limited to:

- Formal academic study – University courses or programs relevant to the curriculum
- Clinical experience based learning – The majority of teaching and learning should take a case based experiential format. This is the most valuable approach to learning specific clinical skills.
- Small group tutorials – These may be face-to-face, via videoconference or using online tele-tutorial technology.
- Face to face education meetings – These may be linked with regional training organisations, undertaken by teleconference or video conference, or opportunistically through relevant conferences.
- Distance learning modes – These are available via the internet, using Rural and Remote Medical Education Online (RRMEO) and other sources
- Self-directed learning activities

9. Supervision and support

Candidates undertaking AST in Paediatrics will require specific medical, cultural, professional and personal support and supervision arrangements.

This will include at least:

1. *Specialist supervisor* – a doctor holding a Fellowship of RACP, who is overall responsible for the clinical and educational supervision of the registrar.
2. *General Practitioner mentor* – a general practitioner who is working, or has worked in a similar situation to where the registrar intends to use their advanced skill. The mentor provides pastoral care and opportunities to debrief or act as a sounding board about cultural or personal issues. The supervisor should be a rural doctor who can put specialist information into rural context. This role may be filled by a specialist supervisor who fits these criteria.

See Standards for Supervisors and Teaching posts in AST for further information.

10. Assessment

The assessments required for Advanced Specialised Training in paediatrics are additional to the assessments undertaken for Core Clinical Training and Primary Rural and Remote Training.

Candidates undertaking Advanced Specialised Training in paediatrics are required to complete the following additional formative and summative assessment tasks.

Formative tasks:

- *Formative Paediatrics supervisor feedback reports* – at 6 months
- *Formative Paediatrics mini Clinical Evaluation Exercise (miniCEX)* – minimum 5 Paediatrics consultations

Summative tasks:

- *Summative Paediatrics supervisor feedback reports* – at 12 months
- *Summative Paediatrics Structured Assessment using Multiple Patients Scenarios (StAMPS)*

10.1 Paediatrics supervisor feedback reports

The registrar's supervisor will complete feedback reports half way through the training term (i.e. 6 months for a full-time registrar) and again at the completion of the training term (i.e. 12 months for a full-time registrar). The first feedback report will be completed as a formative activity to guide further registrar learning and development. The second feedback report will be a summative exercise used to determine the registrar's competence.

These reports are a collation of the feedback from staff that have supervised or worked alongside the registrar during the period of training. Feedback will be obtained from at least two consultants or colleagues, including the registrar's supervisor. It is the responsibility of the supervisor to obtain and this information and send to the College.

10.2 Formative MiniCEX

A miniCEX can be conducted at the instigation of the candidate with their supervisor or by any medical practitioner of their choosing, as long as the assessor is a fully trained general practitioner, hospital based senior candidate or consultant.

The five formative miniCEX consults may be undertaken consecutively by one reviewer however the process will be more valuable if conducted at different sessions or locations by different of reviewers.

In each formative miniCEX consultation the assessor provides written and oral feedback to the candidate during and after each consultation using a standardised format. Formative miniCEX forms can be downloaded from the ACRRM website by visiting www.acrrm.org.au/assessment

To assist candidates and assessors in this process, an online training module is available on the College's online learning platform. Users can enrol in this module via the Educational Inventory.

10.3 Paediatrics StAMPS

Structured Assessment using Multiple Patient Scenarios (StAMPS) is an OSCE / VIVA-type examination consisting of eight scenarios, each of 10 minutes duration. StAMPS examinations may be delivered via videoconference or face-to-face. Candidates remain in one place (at their videoconference facility or room) and the examiners rotate between the candidates.

The examiners observe and rate each candidate across five competencies:

1. Overall Impression
2. Develop appropriate management plan that incorporates relevant medical & rural (community profile) contextual factors
3. Define the problem systematically
4. Communication
5. Flexibility in response to new information

11. Potential articulation

There are several university programs that provide links with this Advanced Specialised Training post and offer candidates academic support and remote academic content. Candidates are encouraged to consider undertaking this post at the same time as they complete these distance education programs or their equivalent. Using their AST clinical time towards these programs will enhance registrar understanding in this area.

Possible courses include but are not limited to:

- Diploma in Child Health – The Sydney Children’s Hospitals Network:
<http://www.schn.health.nsw.gov.au/health-professionals/work-and-learn/learn-with-us/diploma-is-child-health-international-postgraduate>
- Graduate Diploma in Indigenous and Remote Child Health – Flinders University:
<http://www.flinders.edu.au/courses/rules/postgrad/gdpirch.cfm>

12. Learning resources

Recommended texts and other resources

- Cummings M & Kang M (2012) *Youth Health Services: Improving Access to Primary Health Care*, Australian Family Physician, Vol 41, No. 5, May, pp. 339 to 341
<http://www.racgp.org.au/afp/2012/may/youth-health-services/>
- Australian Government. The Department of Health and Ageing (2013) *The Australian Immunisation Procedures Handbook*. 10th Ed.
<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>
- Australian Paediatric Review Quarterly Modules and Publications: Required to register as a Research Review Member at -
http://www.researchreview.com.au/research_review_catalogue.cfm?ID=58
- Hutson J, O’Brien M, Beasley S & Woodward A (2008) *Jones’ Clinical Paediatric Surgery: Diagnosis and Management*. 6th Ed, Blackwell.
- National Asthma Council Australia *Asthma Management Handbook*. , Melbourne –
<http://www.nationalasthma.org.au/handbook>

- Kilham H, Alexander S, Wood N & Isaacs D (2009) *Paediatrics Manual The Children's Hospital at Westmead Handbook*, 2nd Ed, McGraw-Hill.
- Thompson K, Tey D & Marks M *Paediatric Handbook*, Royal Children's Hospital, Melbourne, BMJ Books. Available on line at - http://www.rch.org.au/paed_handbook/about_paediatric_handbook/Paediatric_Handbook_8th_Edition/
- Viessman S & Lorin M (2006) *Appleton & Lange Review Pediatrics*. 6th Ed, Appleton & Lange.
- Robertson D & South M (2007) *Practical Paediatrics*. 6th Ed, Churchill Livingstone Elsevier, Edinburgh.
- Corrales A & Starr M (2010) *Assessment of the unwell child*. May - <http://www.racgp.org.au/afp/2010/may/assessment-of-the-unwell-child/>
- Genetics in Family Medicine (2007) - *The Australian Handbook for General Practitioners – Newborn Screening* - http://www.nhmrc.gov.au/files_nhmrc/file/your_health/egenetics/practitioners/gems/sections/04_newborn_screening.pdf
- Australian Government National Health and Medical Research Council - *Child Health guidelines* <http://www.nhmrc.gov.au/guidelines/publications/subject/Child%20health>
- Australian Government National Health and Medical Research Council (2011) *Clinical Practice Guidelines: Depression in Adolescents and Young Adults*, BeyondBlue, February - <http://www.nhmrc.gov.au/guidelines/publications/ext0007>
- HEADSS: *A Psychosocial Interview for Adolescents* - <http://www.bcchildrens.ca/NR/rdonlyres/6E51B8A4-8B88-4D4F-A7D9-13CB9F46E1D6/11051/headss20assessment20guide1.pdf>
- Australian Institute of Health and Welfare (2011) *Young Australians: their health and wellbeing* AIHW, Canberra - <http://aihw.gov.au/youth-health-and-wellbeing/>
- ACRRM Online Learning: Rural and Remote Medical Education Online (RRMEO) – www.acrrm.org.au
- Youth BeyondBlue: <http://www.youthbeyondblue.com/>
- Central Australian Rural Practitioners Association. *CARPA Standard Treatment Manual*. 5th Ed. Alice Springs: Central Australian Rural Practitioners Association; 2009 <http://www.carpa.org.au/drupal/node/15>
- CRANAplus. *Clinical Procedures Manual for Remote and Rural Practice* 2nd Ed. Alice Springs: CRANAplus; 2009
- Congress Alukura, Nganampa Health Council Inc. *Minymaku Kutju Tjukurpa Women's Business Manual* 4th Ed. Alice Springs: Congress Alukura and Nganampa Health Council Inc; 2008 <https://crana.org.au/shop/> (New edition coming Sept 13)
- Top End Division of General Practice (2003) - *Tropical Health in the Top End: An introduction for health practitioners*, Top End Division of General Practice, Darwin (currently under review). PDF Version - <http://www.ntml.org.au/resources>
- Eckermann A (2010) *Binan Goonj: Bridging Cultures in Aboriginal Health*. 3rd ed. Sydney; Churchill Livingstone, New York.0
- Trudgeon R (2000) *Djambati Mala Why Warriors Lie Down and Die*. Aboriginal Resource and Development Services, Darwin.
- Australian Institute of Family Studies (2013) *Mandatory Reporting of child abuse and neglect* - <http://www.aifs.gov.au/cfca/pubs/factsheets/a141787/index.html>

13. Evaluation

The Advanced Specialised Training curriculum in Paediatrics will be evaluated on an ongoing basis using both qualitative and quantitative methods. All stakeholders involved in the process will be asked to provide feedback regarding the content, feasibility, rigor and outcomes in preparing doctors to take on these roles. Stakeholders will include candidates, supervisors, employers, medical educators from the regional training organisations and others who may have been involved such as Rural Workforce Agencies, the Remote Vocational Training Scheme, universities and health service providers. The information gathered will be collated by ACRRM and will feed into a 3-5 yearly review of the curriculum.

Australian College of Rural and Remote Medicine

Level 2, 410 Queen Street, Brisbane, Qld 4000

GPO Box 2507

P: 07 3105 8200

F: 07 3105 8299

E: acrrm@acrrm.org.au

ABN 12 078 081 848

