

Phase III Child Health - Core Presentations & Learning Outcomes

Please refer to the notes on Moodle on how to use these

Core presentation / learning outcome

Core presentation / learning outcome
Child Health
Core presentations
• Failure to thrive/infant feeding problems
• Healthy child
• Childhood obesity
• Gastrointestinal problems (child)
• Diabetes (child)
• Non-accidental injury
• Neglect
• Developmental delay
• Visual problems (child)
• Abnormal foetal growth/prematurity
• Congenital problem
• Allergy (child)
• Wheezy breathlessness
• Behavioural problem (child)
• Emotional problem (child)
• Disorders of growth
• Fits (child)
• Cerebral palsy

- Musculoskeletal problems (child)
- Newborn assessment
- Learning difficulties (child)
- Fever (child)

General approach to child health problems

By the end of Phase 3 students should be able to:

- recognise the seriously ill infant and child and take immediate action
- take a history appropriate to acute and chronic illness and behavioural problems
- take an appropriate family history, recording it accurately
- take an age-specific approach to obtaining a history from children and their parents/carers where appropriate
- take an age-specific approach to examination of children, eliciting normal and abnormal physical signs to test diagnostic hypotheses
- use investigations appropriately to confirm diagnostic hypotheses
- recognise the possibility of genetic disease and its common manifestations in children
- identify the team approach to child health in community, school and hospital settings
- explain to parents/carers the benefits and schedule of immunisation
- describe the scientific basis of immunisation
- give advice to parents/carers about normal infant care
- give advice to parents/carers about accident prevention
- identify the influence on health outcomes of social and cultural factors, and how these specifically affect children and young people
- define child abuse in all its forms, and state its prevalence locally and nationally
- describe the relevant legislation governing protection of children's welfare
- recognise a child who has experienced (or is vulnerable to) abuse or non-accidental injury, and initiate appropriate safeguarding measures
- describe the public health measures used to improve the health of children
- debate the general principles of screening and their application in paediatrics
- describe the general principles in prescribing for children and how these differ from prescribing for adults
- correctly calculate doses and complete inpatient prescriptions for child patients with a range of important conditions, choosing age-specific routes and techniques of administration
- apply the principles surrounding when a patient may be treated without their consent and the legal framework governing consent to treatment in children

- discuss the complexities of assessing capacity in children, and the use of proxy decision makers

Feeding & Growth

By the end of Phase 3 students should be able to:

- make and give a feed
- give advice to parents about infant feeding and weaning
- measure height, weight and head circumference, plot these on an appropriate chart and interpret the results

Neonatal problems

By the end of the course students should be able to:

- carry out a routine examination of the new-born baby and identify variations from normal
- recognise neonatal jaundice, describe the underlying biochemical disturbances and participate in its management
- recognise cyanosis and outline the causes and management to parents
- recognise the common causes of failure to establish feeding
- recognise the clinical presentation and radiological features of respiratory distress syndrome, assess severity and refer appropriately
- recognise the possibility of sepsis
- advise parents on minimising the risk of sudden infant death syndrome

Congenital Abnormalities

By the end of Phase 3, students should be able to:

- recognise and explain to parents the principles of management of the commoner congenital abnormalities

Developmental child health

By the end of Phase 3, students should be able to:

- recognise failure to thrive, its common causes and initiate management
- make a developmental assessment of the infant and toddler
- recognise delay in speech and in walking
- examine a child for hearing loss, including distraction testing
- examine a child for reduced visual acuity and squint
- outline to parents the facilities available for children with learning difficulties
- outline to parents the facilities available for children with mobility difficulties
- recognise short stature and refer appropriately
- recognise delayed puberty and discuss the causes and investigation with patients and parents

Child Psychiatry

By the end of Phase 3, students should be able to:

- recognise the common presentations of psychiatric disorder in children and distinguish the common causes
- recognise the interaction between child and family upon the psychological disorders of childhood
- discuss attachment theory
- recognise the common disorders of childhood psychological development
- recognise the impact on children of physical/mental illnesses in a parent
- recognise the psychological aspects of chronic physical illness in children
- discuss school refusal with a child and its parents
- recognise the social and emotional issues in adolescents with chronic illness

Respiratory Disease

By the end of Phase 3, students should be able to:

- recognise the common causes of breathlessness at different ages
- diagnose asthma in the school age child
- measure the peak flow and instruct the older child in the technique
- manage asthma in childhood according to BTS guidelines
- discuss with parents and older children the causes and management of asthma including the avoidance of exacerbating social factors
- instruct parents and children in the use of appropriate inhaler devices
- give advice to parents on the management of upper respiratory tract infections
- recognise acute and chronic stridor and refer appropriately
- recognise the clinical presentation of lower respiratory infection and associated radiological features
- recognise the presentations of cystic fibrosis in infancy, childhood and adolescence

Cardiovascular Disease

By the end of Phase 3, students should be able to:

- measure the blood pressure in infancy, childhood and adolescence
- recognise the possibility of cyanotic and acyanotic cardiac disease at different ages
- take a history and carry out an appropriate examination for a baby or child with a heart murmur
- provide a basic explanation to patients about these conditions

Gastrointestinal Disease

By the end of Phase 3, students should be able to:

- recognise the common causes of feeding difficulty and initiate management
- discuss feeding difficulties with parents
- recognise dehydration and the associated biochemical changes
- recognise the common causes of vomiting in infancy, childhood and adolescence and initiate management
- recognise the common causes of acute and chronic diarrhoea in infancy, childhood and adolescence and initiate management (includes coeliac disease, inflammatory bowel disease)
- recognise the common causes of constipation in infancy, childhood and adolescence and initiate management
- give advice to parents on gastroenteritis
- recognise and assess obesity
- make an initial assessment of a child with acute abdominal pain and refer appropriately
- recognise the common causes of chronic abdominal pain
- recognise the common causes of an abdominal mass in infancy, childhood and adolescence
- recognise the radiological appearance of intestinal obstruction

Renal/urinary

By the end of Phase 3, students should be able to:

- recognise oedema in infancy, childhood and adolescence, discuss its causes and management with parents
- recognise a history of haematuria, and initiate investigations
- recognise polyuria and initiate investigations
- identify the commoner causes of bedwetting and give advice to parents
- obtain an appropriate urine sample from an infant or toddler and be able to explain the procedure to an older child or parent
- explain the need for suprapubic aspiration to parents
- recognise and interpret the urine abnormalities in urinary infections

Central Nervous System

By the end of Phase 3, students should be able to:

- take a history from a child presenting with seizure(s), distinguishing a febrile convulsion from other causes
- outline the assessment of suspected epilepsy in infancy, childhood and adolescence
- outline to parents the nature and treatment of febrile fits and epilepsy
- examine a floppy baby and discuss the nature of the problem with parents

- appropriately assess a child presenting with headache, identifying features that suggest common or serious causes
- identify features from history or examination that suggest a brain tumour in children
- recognise the possibility of meningitis or encephalitis and initiate management
- recognise and interpret the CSF abnormalities of meningitis
- recognise the common causes of abnormalities in gait in infancy, childhood and adolescence

Haematology

By the end of Phase 3, students should be able to:

- assess anaemia in infancy and childhood, consider its causes and outline its management
- assess a child with bruising, consider its causes and an approach to initial management

Diabetes

By the end of Phase 3, students should be able to:

- diagnose and assess diabetes
- outline the management of childhood diabetes
- perform ward-based blood and urine tests and interpret the results

Skin disease

By the end of Phase 3, students should be able to:

- recognise the common skin conditions in infancy, childhood and adolescence
- outline to parents the management strategies available

Fractures in Children

By the end of Phase 3, students should be able to:

- recognise those fracture patterns that occur in children and their possible aetiological factors
- initiate appropriate investigations for a child presenting with fracture(s)
- recognise the basic radiological features of fractures
- be aware of non-accidental injury and outline the strategy for the handling of non-accidental injuries
- act as part of the team in the immediate and definitive care

The Limping Child

(see Musculoskeletal)

Homeostatic

Diabetes in special situations

By the end of Phase 3 students should be able to:

- outline the management of childhood diabetes
- liaise with an anaesthetist regarding diabetic control before, during and after surgery
- outline the management of diabetes in pregnancy

Musculoskeletal

Fractures in children

(see Child Health)

Congenital Problems

By the end of Phase 3 students should be able to:

- detect scoliosis, fixed flexion, kyphosis, varus and valgus deformities
- detect deformity present in the knee, hip, shoulder and the small joints of the hand
- consider the possibility of congenital dislocation of the hip and talipes equinovarus
- perform the diagnostic procedures available at birth and early life to detect these conditions
- outline the diagnosis, management and prognosis to the family

The Limping Child

By the end of Phase 3, students should be able to:

- examine the child with the painful hip or knee
- recognise the clinical presentations of irritable hips, synovitis, systemic rheumatoid arthritis, slipped upper femoral epiphysis, Perthes' disease, septic arthritis, osteomyelitis and tumour
- initiate appropriate investigations
- outline an approach to management

Respiratory

Core presentations

- Acute upper respiratory symptoms

General

Disability in younger patients

By the end of Phase 3 students should be able to:

- advise patients on basic aids, adaptations, benefits and facilities for disabled people
- seek further advice about help for disabled people
- discuss with patients the potential for prevention of disability
- discuss with patients the prevention of deterioration and the improvement of function with rehabilitation
- work with patients in a partnership to make the best use of their abilities
- relate how psychological factors affect the prognosis in long-term physical illness, stress and depression
- discuss with patients the effect of disability on social and family life and on employment

Clinical Diagnostic & Procedural Skills

From GMC 'Outcomes for Graduates' - see separate guidance on Clinical Skills / TDOCs