Requirements for Post IMM Fellowship Training

PAEDIATRICS

College of Physicians and Surgeons Pakistan

2013

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CONTENTS

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About the COLLEGE

The College was established in 1962 through an ordinance of the Federal Government. The objectives/functions of the College include promoting specialist practice of Medicine, Obstetrics & Gynaecology, Surgery and other specialties by securing improvement of teaching and training, arranging postgraduate medical, surgical and other specialists training, providing opportunities for research, holding and conducting examinations for awarding College diplomas and admission to the Fellowship of the College.

Since its inception, the College has taken great strides in improving postgraduate medical and dental education in Pakistan. Competency-based structured Residency Programs have now been developed, along with criteria for accreditation of training institutions, and for the appointment of supervisors and examiners. The format of examinations has evolved over the years to achieve greater objectivity and reliability in methods of assessment. The recognition of the standards of College qualifications nationally and internationally, particularly of its Fellowship, has enormously increased the number of trainees and consequently the number of training institutions and the supervisors. The rapid increase in knowledge base of medical sciences and consequent emergence of new subspecialties have gradually increased the number of CPSP fellowship disciplines to sixty nine including specialties in dentistry.

After completing two years of core training during IMM, the trainees are allowed to proceed to the advanced phase of FCPS training in the specific specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examinations before taking the FCPS-II exit examinations. The work performed by the trainee is to be recorded in the e-logbook on daily basis. The purpose of the e-log is to ensure that the entries are made on a regular basis and to avoid belated and fabricated entries. It will hence promote accuracy, authenticity and vigilance on the part of trainees and the supervisors.

The average number of candidates taking CPSP examinations each year is to a minimum of 25,000. The College conducts examinations for FCPS I (11 groups of disciplines), IMM, FCPS II (69 disciplines), MCPS (20 disciplines), including MCPS in HPE and also Diploma in Health Care System Management (DCPS-HCSM). A large number of Fellows and senior medical teachers from within the country and overseas are involved at various levels of examinations of the College.

The College, in its endeavor to decrease inter-rater variability and increase fairness and transparency, is using TOACS (Task Oriented Assessment of Clinical Skills) in IMM and FCPS-II Clinical examinations. Inclusion of foreign examiners adds to the credibility of its qualifications at an international level.

It is important to note that in the overall scenario of health delivery over 85% of the total functioning and registered health care specialists of the country have been provided by the CPSP. To coordinate training and examination, and provide assistance to the candidates stationed in cities other than Karachi, the College has established 14 Regional Centers (including five Provincial Headquarter Centers) in the country.
The five Provincial Headquarter Centers, in addition to organizing the capacity building workshops/short courses also have facilities of libraries, I.T, and evaluation of synopses and dissertations along with providing guidance to the candidates in conducting their research work.

The training towards Fellowship can be undertaken in more than 159 accredited medical institutions throughout the country and 44 accredited institutions abroad. The total number of trainees in these institutions is over 16000. These continuous efforts of the College have even more importantly developed a credible system of postgraduate medical education for the country. The College strives to make its courses and training programs 'evidence' and need 'based' so as to meet international standards as well as to cater to the specialist healthcare needs not only for this country but also for the entire region.

Prof. Zafar Ullah Chaudhry
President
College of Physicians
and Surgeons Pakistan

Training and Examinations Summary

The College lays down the training programs and holds examination for the award of Fellowship in the following disciplines:

Disciplines for 1st Fellowship

1. Anatomy
2. Anesthesiology
3. Biochemistry
4. Cardiac Surgery
5. Cardiology
6. Chemical pathology
7. Clinical Haematology
8. Community Medicine
9. Dermatology
10. Diagnostic Radiology
11. Emergency Medicine
12. Family Medicine
13. Forensic Medicine
14. Gastroenterology
15. General Medicine
16. General Surgery
17. Haematology
18. Histopathology
19. Immunology
20. Medical Oncology
21. Microbiology
22. Nephrology
23. Neurology
24. Neurosurgery
25. Nuclear Medicine
26. Obstetrics and Gynaecology
27. Operative Dentistry
28. Ophthalmology
29. Oral & Maxillofacial Surgery
30. Orthodontics
31. Orthopedic Surgery
32. Otorhinolaryngology (ENT)
33. Paediatric Surgery
34. Paediatrics
35. Periodontology
36. Pharmacology
37. Physical Medicine & Rehabilitation
38. Physiology
39. Plastic Surgery
40. Prosthodontics
41. Psychiatry
42. Pulmonology
43. Radiotherapy
44. Thoracic Surgery
45. Urology
46. Virology

Disciplines for 2nd Fellowship

1. Cardiothoracic Anesthesiology
2. Clinical Cardiac Electrophysiology
3. Community & Preventive Paediatrics
4. Critical Care Medicine
5. Developmental & Behavioural Paediatrics
6. Endocrinology
7. Gynecological Oncology
8. Infectious Diseases
9. Interventional Cardiology
10. Maternofetal Medicine
11. Neonatal Paediatrics
12. Paediatric Cardiology
13. Paediatric Gastroenterology-Hepatology and Nutrition
14. Paediatric Haematology Oncology
15. Paediatric Infectious Diseases
16. Paediatric Nephrology
17. Paediatric Neurology
18. Paediatric Ophthalmology
19. Reproductive Endocrinology & Infertility
20. Rheumatology
21. Surgical Oncology
22. Urogynaecology
23. Vitreo Retinal Ophthalmology

Fellowship of the College of Physicians and Surgeons Pakistan is awarded to those applicants who have:

- a recognized medical degree;
- completed one year house job in a recognized institution
- passed the relevant FCPS Part I Examination;
- registered with the Research, Training and Monitoring Cell (RTMC);
- undergone specified years of supervised accredited training on whole time basis.
- passed IMM examination in Paediatrics
- obtained approval of dissertation/ two research articles (related to the specialty) published/ accepted for publication in CPSP approved journal(s):
- completion of entries in e-logbook along with validation by the supervisor;
- been declared successful in examinations carried out by the Examination Department of the CPSP; and
- been elected by the College Council

It is important to note that all applicants must undergo a formal examination before being offered Fellowship of the relevant specialty, except in case of Fellowship without examination.

TRAINING ENQUIRES AND REGISTRATION

All trainees should notify the college in writing of any change of address and proposed changes in training (such as change of supervisor, change of department, break in training etc) as soon as possible.of address and proposed changes in training (such as change of Supervisor etc) as soon as possible.

GENERAL INFORMATION

GENERAL REGULATIONS

The following regulations apply to all the candidates taking the FCPS-II Examination. Candidate will be admitted to the examination in the name (surname and other names) as given in the MBBS degree. CPSP will not entertain any application for change of name on the basis of marriage/divorce/deed.

ELIGIBILITY REQUIREMENTS FOR ENTERING THE FCPS PART II TRAINING PROGRAMME IN PAEDIATRICS

- Passed FCPS Part I in General Medicine or granted Exemption
- Completed two years of RTMC registered training of IMM in Paediatrics

EXEMPTION FROM FCPS PART-I

An application for exemption from FCPS Part-I must be submitted to the College with all the relevant documents and a bank draft for the prescribed fee.

After due verification, the College may grant exemption from FCPS Part-I to those applicants who have acquired any of the following qualifications in Paediatric/Medicine:

- Diplomate American Board of Specialties
- FCPS Part-I, Bangladesh

In all other cases, after proper scrutiny and processing, the College shall decide acceptance or rejection of the request for exemption from FCPS-I on case to case basis.

All applicants who are allowed exemption will be issued an EXEMPTION CERTIFICATE on payment of exemption fee. A copy of this certificate will have to be attached with the application to the Research & Training Monitoring Cell (RTMC) of the CPSP, for registration as FCPS Part-II trainee and later with the application for appearing in FCPS Part-II examination.

DURATION OF TRAINING IN PAEDIATRICS:

Total duration of the training is 4 years, divided into following two phases:

- Intermediate Module in Paediatrics for first two years, after which the trainee is required to appear in the Intermediate Module Examination. For further details about the Intermediate Module refer to the booklet titled "Intermediate Module in Paediatrics" published separately by the College.
- Last two years consists of FCPS-II training in Paediatrics.

All training inclusive of rotations is to be completed one month before the date of theory examination for FCPS-II.

APPROVED TRAINING CENTRES

Training must be undertaken in units/departments/institutions approved by the College. A current list of approved locations is available from the College and its regional offices, as well as on the College website: **www.cpsp.edu.pk.**

REGISTRATION AND SUPERVISION

All training must be supervised and undertaken on whole time basis. The trainees are required to register with the RTMC and submit the name of their supervisor(s) by the date indicated on the registration form. The supervisor will normally be a Fellow of the College. However, another supervisor may be accepted if no Fellow is available to offer appropriate supervision. Only that training will be accepted which is done under a CPSP approved supervisor. Normally, only one supervisor is nominated, and if the trainee spends significant periods working in an area where the supervisor has no personal involvement, the supervisor must certify that suitable supervision is being provided. The nomination of more than one supervisor is needed only if the trainee divides the year between two or more unrelated units, departments or institutions. The trainees are not allowed to work simultaneously in any other department/institutions for financial benefit and /or for another academic qualification.

SUPERVISOR'S

ROLE AND RESPONSIBILITIES

Training held under the aegis of CPSP is compulsorily supervised. A supervisor is a CPSP fellow or a specialist with relevant postgraduate qualifications recognized by CPSP.

Supervision of a trainee is a multifaceted job. Arbitrarily the task is divided into the following components for the sake of convenience. This division is by no means exhaustive or rigid. It is merely meant to give semblance to this abstract and versatile role.

EXPERT TRAINER

- This is the most fundamental role of the supervisors. They have to not only ensure and monitor adequate training but also provide continuous helpful feedback (formative) regarding the progress of the training.
- This would entail observing the trainee's performance and rapport with all the people within his work environment.
- He / she should teach the trainee and help him / her overcome the hurdles during the learning process.
- It is the job of the supervisor to make the trainee develop the ability to interpret findings in his/her patients and act suitably in response.
- The supervisor must be adept at providing guidance in writing dissertation / research articles (which are essential components of training).
- Every supervisor is expected to participate actively in Supervisors' workshops, conducted regularly by CPSP, and do his/her best to implement the newly acquired information/ skills in the training. It is a basic duty of the supervisors to keep abreast of the innovations in their field of expertise and ensure that this information percolates to trainees of all years under them.

RELIABLE LIAISON

- The supervisor must maintain regular contact with the College regarding training and the conduct of various mandatory workshops and courses.
- It is expected that the supervisor will establish direct contact with relevant quarters of CPSP if any problem arises during the training process, including the suitability of trainee.
- They must be able to coordinate with the administration of their institutions/ organizations in order to ensure that their trainees do not have administrative problems hampering their training.

PROFICIENT ADMINISTRATOR

- He/ she must ensure that the trainees regularly fill their e-logbook and keep them updated.
- They must provide assessment reports to the College at the end of each year of training period. These reports are used to evaluate a trainees performance and should indicate if training has been followed satisfactorily. The report must also contain positive and negative aspects of the trainees' performance and any extra academic endeavors made by them. Prolonged absences must also be mentioned in sufficient detail. It is essential that each report be discussed and signed by both the trainer and the trainee before it is sent to the College.
- The supervisors might be required to submit confidential reports on trainee's progress to the College.
- The supervisor should notify the College of any change in the proposed approved training program.
- In case the supervisor plans to be away for more than two months, he/she must arrange satisfactory alternate supervision during the period.

TRAINEE'S

ROLE AND RESPONSIBILITIES

Given the provision of adequate resources by the institution, Trainees should:

- accept responsibility for their own learning and ensure that it is in accord with the relevant requirements;
- investigate sources of information about the program and potential Supervisor, and play an informed role in the selection and appointment of the Supervisor;
- seek reasonable infrastructure support from their institution and Supervisor, and use this support effectively;
- ensure that they undertake training diligently;
- work with their supervisors in writing the synopsis/ research proposal and submit the synopsis/ research proposal within six months of registration with the RTMC;
- accept responsibility for the dissertation, and plan and execute the research within the time limits defined;
- be responsible for arranging regular meetings with the supervisor to discuss any hindrances to progress and document progress etc. If the supervisor is not able/willing to meet with the student on a regular basis, the student must notify the College;
- provide the supervisor with word-processed updated synopsis and dissertation drafts that have been checked for spelling, grammar and typographical errors, prior to submission;
- prior to submission of dissertation, the student should ensure that the supervisor has all the raw data relevant to the thesis;

- submit completed Dissertation to REU or evidence of publication/ acceptance for publication of two research papers in CPSP approved journal (s) or JCPSP six months before the completion of (last year of) training. The trainee should be the first or second author of both papers and the synopsis of both papers must have a prior approval of REU;
- follow the College complaint procedures if serious problems arise;
- complete all requirements for sitting an examination;
- provide feedback regarding the training post to the College on the prescribed confidential form;

TRAINING PROGRAM

INTRODUCTION

Paediatrics is the branch of medicine that deals with the medical care of infants, children and adolescents. It is relatively new medical specialty and as a specialized field of medicine developed in the mid 19th century.

A paediatrician is concerned with the physical, emotional and social well-being of children. Paediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases. Paediatricians are also the first and best advocates for children who suffer the squelae of increasingly prevalent psychosocial morbidities such as violence, physical and sexual abuse, homelessness and substance abuse and also taking care of children in disasters and conflict hit areas. They work to reduce infant and child mortality, control infectious diseases, foster healthy lifestyles and ease the day to day difficulties of children and adolescents with chronic conditions.

Role of paediatricians is all the more important and vital in Pakistan, considering the staggeringly high infant and under 5 mortality. Given the fact, that almost 47% of total population of Pakistan comprises of children under 15 years of age, there is a need for more trained paediatricians. Realizing the needs of the country, right from inception CPSP has been producing fellows in Paediatrics.

CURRICULUM

The Fellowship training program focuses on a few key pegs of viable training; these are knowledge, skills and attitudes. CPSP is inclined to follow an outcome based curricular format, which is a blend of behavioral and cognitive philosophies of curriculum development.

Following is a global and extensive, yet not the total, list of learning outcomes recommended by the College.

LEARNING OUTCOMES RELATING TO:
COGNITION

The learning outcomes will all be at the application level since that is the gold standard. Therefore, the candidate will be able to:

- Relate how body function gets altered in diseased states
- Request and justify investigations and plan management for medical disorders
- Assess new medical knowledge and apply it to their setting
- Apply quality assurance procedures in their daily work.

SKILLS
WRITTEN COMMUNICATION SKILLS

The candidates will be able to:

- Correctly write updated medical records, which are clear, concise and accurate.
- Write clear management plans, discharge summaries and competent letters for outpatients after referral from a general practitioner.
- Demonstrate competence in academic writing.

VERBAL COMMUNICATION SKILLS

The candidates will be able to:

- Establish professional relationships with patients and their relatives or caregivers in order to obtain a history, conduct a physical examination and provide appropriate management.
- Demonstrate usage of appropriate language in seminars, bedside sessions outpatients and other work situations.
- Demonstrate the ability to communicate clearly, considerately and sensitively with patients, relatives, other health professionals and the public.
- Demonstrate competence in presentation skills

EXAMINATION SKILLS

The candidates will be able to:

- Perform an accurate physical and mental state examination in complex medical problems often involving multiple systems.
- Interpret physical signs after physical examination so as to formulate further management.

PATIENT MANAGEMENT SKILLS

The candidates will be able to:

- Interpret and integrate the history and examination findings and arrive at an appropriate differential diagnosis and diagnosis.
- Demonstrate competence in problem identification, analysis and management of the problem at hand by the use of appropriate resources and interpretation of lab results.
- apply the knowledge of the therapeutic interventions used in the field of Paediatrics for patient management.
- Prioritize different problems within a time frame.

SKILLS IN RESEARCH

The candidates will be able to:

- Use evidence based medicine and evidence based guidelines.
- Conduct research individually by using appropriate research methodology and statistical methods.
- Correctly guide others in conducting research by advising about study designs, research methodology and statistical methods that are applicable.
- Interpret and use results of various research articles.

ATTITUDES

TOWARDS PATIENTS

The candidates will be able to:

- Establish a positive relationship with all patients in order to ease illness and suffering.
- Facilitate the transfer of information important to the management and prevention of disease.
- Demonstrate awareness of bio-psycho-social factors in the assessment and management of a patient.
- Consistently show consideration of the interests of the patient and the community as paramount with these interests never subservient to one's own personal or professional interest.

TOWARDS SELF DEVELOPMENT

The candidate will be able to:

- Demonstrate, consistently, respect for every human being irrespective of ethnic background, culture, socioeconomic status and religion.
- Deal with patients in a non-discriminatory and prejudice-free manner.
- Deal with patients with honesty and compassion
- Demonstrate flexibility and willingness to adjust appropriately to changing circumstances.
- Foster the habit and principle of self-education and reflection in order to constantly update and refresh knowledge and skills and as a commitment to continuing education.
- Recognize stress in self and others
- Deal with stress and support medical colleagues and allied health workers.
- Handle complaints including self-criticism or criticism by colleagues or patients.
- Understand the importance of obtaining and valuing a second opinion.

TOWARDS SOCIETY

The candidate will be able to:

- Understand the social and governmental aspects of health care provision.
- Offer professional services while keeping the cost effectiveness of individual forms of care.
- Apply an understanding of hospital and community-based resources available for patients and care givers in rural areas.

OBJECTIVES

At the end of the training for FCPS in Paediatrics a candidate will be able to:

1. Initially assess the children with Paediatric problem by:
   - obtaining pertinent history.
   - performing physical examinations correctly.
   - formulating a working diagnosis.
   - deciding whether the patient requires.
     - ambulatory care or hospitalization.
     - referral to other health professionals.

2. Manage patients requiring treatment by a Paediatrician:
   - Plan an enquiry strategy i.e. order appropriate investigations and interpret the results
   - Decide and implement suitable treatment
   - Maintain follow up of patients at required intervals
   - Maintain records of patients

3. Undertake research and publish findings.

4. Acquire new information; assess its utility and make appropriate applications.

5. Recognize the role of teamwork and function as an effective member/leader of the team.

6. Advise the community on matters related to promoting health and preventing disease.

7. Train paraprofessionals and other junior members of the team.

CORE COMPETENCIES

The competencies which a specialist must have are varied and complex. Complete list will be very long and is not considered necessary for organizing a training program. Given below are some competencies, which are a subsample of the whole. These are to be taken as guidelines rather than definitive requirements.

Key to competency levels in clinical skills:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed independently

A trainee is expected to attain the laid down levels of competencies for the following procedures by the end of each year as given on the next page.

PROCEDURES	3rd Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 3rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
A: Patient Managament									
History taking	4	40	4	40	4	40	4	40	160
Physical examination	4	40	4	40	4	40	4	40	160
Ordering and interpreting investigation	4	40	4	40	4	40	4	40	160
Deciding and implementing treatment	4	40	4	40	4	40	4	40	160
Maintaining follow- up records	4	40	4	40	4	40	4	40	160
Teaching/Training/ supervision of research	Collection of cases and literature review								
Neonatalogy									
Pre- maturity/ low birth weight	4	3	4	3	4	3	4	3	12
IUGR	4	2	4	2	4	2	4	2	08
Jaundice	4	5	4	5	4	5	4	5	20
Sepsis	4	3	4	3	4	3	4	3	12
Birth trauma/ asphyxia	4	3	4	3	4	3	4	3	12
Congenital malformation	4	1	4	1	4	1	4	1	04
Cyanosis	4	2	4	2	4	2	4	2	08
Respiratory Distress	4	3	4	3	4	3	4	3	12
Seizures(including Tetanus)	4	3	4	3	4	3	4	3	12
Bleeding disorders	4	1	4	1	4	1	4	1	04
Inborn errors of metabolism	4	1	4	1	4	1	4	1	04
Fetal medicine	2	1	2/3	1	3	1	4	1	04

PROCEDURES	3rd Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 3rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Management of Emergencies									
Shock	4	3	4	3	4	3	4	3	12
Hyperpyrexia	4	3	4	3	4	3	4	3	12
Convulsion	4	5	4	5	4	5	4	5	20
Poisoning	4	2	4	2	4	2	4	2	08
Dehydration	4	5	4	5	4	5	4	5	20
Coma	4	2	4	2	4	2	4	2	08
Cardio pulmonary arrest & resuscitation	4	3	4	3	4	3	4	3	12
Status eplilepticus/ seizures	4	2	4	2	4	2	4	2	08
Status asthmaticus	4	2	4	2	4	2	4	2	08
Renal failure	4	2	4	2	4	2	4	2	08
Hepatic failure	4	2	4	2	4	2	4	2	08
Cardiac failure	4	3	4	3	4	3	4	3	12
Croup/ epliglottis	4	2	4	2	4	2	4	2	08
Respiratory failure	3	2	3	2	4	2	4	2	08
Hypertensive failure	4	2	4	2	4	2	4	2	08

PROCEDURES	3rd Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 3rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Common Paediatric disease									
Malnutrition and vitamin deficiency	4	5	4	5	4	5	4	5	20
Malaria	4	5	4	5	4	5	4	5	20
A.R.I	4	15	4	15	4	15	4	15	60
Diarrhoeal disease	4	15	4	15	4	15	4	15	60
Bronchial asthma	4	3	4	3	4	3	4	3	12
Rheumatice fever	4	1	4	1	4	1	4	1	04
Meningitis/ Encephalititis	4	5	4	5	4	5	4	5	20
Enteric fever	4	2	4	2	4	2	4	2	08
Measles & other exanthemata	4	2	4	2	4	2	4	2	08
Worm infestation	4	1	4	1	4	1	4	1	04
Hepatitis & cirrhosis	4	3	4	3	4	3	4	3	12
Malabsorption syndromes	4	2	4	2	4	2	4	2	08
Congenital heart disease	4	3	4	3	4	3	4	3	12
Anaemias including hemolytic anaemias	4	3	4	3	4	3	4	3	12
Leukaemias	4	2	4	2	4	2	4	2	08
Hodgkin's disease	4	1	4	1	4	1	4	1	04

PROCEDURES	3rd Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 3rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Common Paediatric disease									
UTI	4	2	4	2	4	2	4	2	08
AGN & Nephrotic syndrome	4	2	4	2	4	2	4	2	08
ARF & CRF	4	2	4	2	4	2	4	2	08
Hypothyroidism	4	1	4	1	4	1	4	1	04
Congenital adrenal hyperplasia	4	1	4	1	4	1	4	1	04
Diabetes mellitus and diabetic ketoacidosis	4	2	4	2	4	2	4	2	08
Seizures disorders	4	3	4	3	4	3	4	3	12
Osteomyelitis & septic arthritis	4	1	4	1	4	1	4	1	04
Common skin problems	4	2	4	2	4	2	4	2	08
Congenital malformations	3	1	3	1	3	1	3	1	04
Metabolic and storage disorders	3	2	3	2	3	2	3	2	08
Genetic disorders	3	2	3	2	3	2	3	2	08
Renal tumours	**2**	**1**	**2**	**1**	3	1	3	1	**04**
Obstructive Uropathy	4	1	4	1	4	1	4	1	04
Brain tumours	3	1	3	1	3	1	3	1	04
Childhood strokes & degenerative brain disorders	3	1	3	1	3	1	3	1	04

PROCEDURES	3rd Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 3rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
B: Preventive Paediatrics									
Nutrition, evaluation and management	4	5	4	5	4	5	4	5	20
Assessment Monitoring, and promotion of growth and development	4	5	4	5	4	5	4	5	20
Vaccination	4	5	4	5	4	5	4	5	20
Special education programs for handicapped and deprived children	3	2	3	2	3	2	3	2	08
School health service	3	1	3	1	3	1	3	1	04
Genetic Counselling	3	1	3	1	3	1	3	1	04
Lumbar puncture	4	5	4	5	4	5	4	5	20
Subdural tap	4	1	4	1	4	1	4	1	04
Pleural tap	4	1	4	1	4	1	4	1	04
Pericardial tap	3	1	3	1	3	1	3	1	04
Peritoneal tap	4	1	4	1	4	1	4	1	04
Supra pubic aspirate	3	1	3	1	3	1	3	1	04
Bone marrow aspirate	3	1	1	1	3	1	3	1	04
Bone marrow trephine	3	1	3	1	3	1	3	1	04
Direct laryngoscopy & endotracheal intubation	4	3	4	3	4	3	4	3	12

PROCEDURES	3rd Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 3rd Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
B: Preventive Paediatrics									
Cardio pulmonary resuscitation CPR	4	3	4	3	4	3	4	3	12
Neonatal resuscitation	4	5	4	5	4	5	4	5	20
Mechanical Ventilation	4	1	4	1	4	1	4	1	04
Defibrilation	3	1	3	1	3	1	3	1	04
Exchange transfusion	4	3	4	3	4	3	4	3	12
Needle biopsy of liver	4	1	4	1	4	1	4	1	04
Chest drain Pneumothorax/ empyema	1	1	3	1	3	1	3	1	04
Venesection	4	1	4	1	4	1	4	1	04
Emergency pneumothorax drainage, needle insertion	4	1	4	1	4	1	4	1	04
Peritoneal dialysis	3	1	3	1	3	1	3	1	04
GI endoscopy	2	1	2	1	2	1	2	1	04
Colonoscopy	1	1	1	1	1	1	1	1	04
Renal biopsy	2	1	2	1	2	1	2	1	04
Venous Cannulation	4	10	4	10	4	10	4	10	40
Umbilical artery cannulation	4	2	4	2	4	2	4	2	08
Peripheral artery cannulation	4	1	4	1	4	1	4	1	04
Procto sigmoidoscopy	3	1	3	1	3	1	3	1	04

PROCEDURES	4th Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 4th Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
A: Patient Managament									
History taking	4	40	4	40	4	40	4	40	160
Physical examination	4	40	4	40	4	40	4	40	160
Ordering and interpreting investigation	4	40	4	40	4	40	4	40	160
Deciding and implementing treatment	4	40	4	40	4	40	4	40	160
Maintaining follow- up records	4	40	4	40	4	40	4	40	160
Teaching/Training/ supervision of research	Dissertation writing/ Paper writing, critique of dissertation, timely submissions.								
Neonatalogy									
Pre- maturity/ low birth weight	4	3	4	3	4	3	4	3	12
IUGR	4	3	4	3	4	3	4	3	12
Jaundice	4	5	4	5	4	5	4	5	20
Sepsis	4	5	4	5	4	5	4	5	20
Birth trauma/ asphyxia	4	3	4	3	4	3	4	3	12
Congenital malformation	4	2	4	2	4	2	4	2	08
Cyanosis	4	2	4	2	4	2	4	2	08
Respiratory Distress	4	3	4	3	4	3	4	3	12
Seizures(including Tetanus)	4	3	4	3	4	3	4	3	12
Bleeding disorders	4	1	4	1	4	1	4	1	04
Inborn errors of metabolism	4	1	4	1	4	1	4	1	04
Fetal medicine	4	1	4	1	4	1	4	1	04

PROCEDURES	4th Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 4th Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Management of Emergencies									
Shock	4	3	4	3	4	3	4	3	12
Hyperpyrexia	4	3	4	3	4	3	4	3	12
Convulsion	4	5	4	5	4	5	4	5	20
Poisoning	4	2	4	2	4	2	4	2	08
Dehydration	4	5	4	5	4	5	4	5	20
Coma	4	2	4	2	4	2	4	2	08
Cardio pulmonary arrest and resuscitation	4	3	4	3	4	3	4	3	12
Status eplilepticus/ seizures	4	2	4	2	4	2	4	2	08
Status asthmaticus	4	2	4	2	4	2	4	2	08
Renal failure	4	2	4	2	4	2	4	2	08
Hepatic failure	4	2	4	2	4	2	4	2	08
Cardiac failure	4	3	4	3	4	3	4	3	12
Croup/ epliglottis	4	2	4	2	4	2	4	2	08
Respiratory failure	4	2	4	2	4	2	4	2	08
Hypertensive failure	4	2	4	2	4	2	4	2	08

PROCEDURES	4th Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 4th Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Common Paediatric disease									
Malnutrition and vitamin deficiency	4	5	4	5	4	5	4	5	20
Malaria	4	5	4	5	4	5	4	5	20
A.R.I	4	15	4	15	4	15	4	15	60
Diarrhoeal disease	4	15	4	15	4	15	4	15	60
Bronchial asthma	4	3	4	3	4	3	4	3	12
Rheumatice fever	4	1	4	1	4	1	4	1	04
Meningitis/ Encephalititis	4	5	4	5	4	5	4	5	20
Enteric fever	4	2	4	2	4	2	4	2	08
Measles & other exanthemata	4	2	4	2	4	2	4	2	08
Worm infestation	4	1	4	1	4	1	4	1	04
Hepatitis & cirrhosis	4	3	4	3	4	3	4	3	12
Malabsorption syndromes	4	2	4	2	4	2	4	2	08
Congenital heart disease	4	3	4	3	4	3	4	3	12
Anaemias including hemolytic anaemias	4	3	4	3	4	3	4	3	12
Leukaemias	4	2	4	2	4	2	4	2	08
Hodgkin's disease	4	1	4	1	4	1	4	1	04

PROCEDURES	4th Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 4th Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
Common Paediatric disease									
UTI	4	2	4	2	4	2	4	2	08
AGN & Nephrotic syndrome	4	2	4	2	4	2	4	2	08
ARF & CRF	4	2	4	2	4	2	4	2	08
Hypothyroidism	4	1	4	1	4	1	4	1	04
Congenital adrenal hyperplasia	4	1	4	1	4	1	4	1	04
Diabetes mellitus and diabetic ketoacidosis	4	2	4	2	4	2	4	2	08
Seizures disorders	4	3	4	3	4	3	4	3	12
Osteomyelitis & septic arthritis	4	1	4	1	4	1	4	1	04
Common skin problems	4	2	4	2	4	2	4	2	08
Congenital malformations	4	1	4	1	4	1	4	1	04
Metabolic and storage disorders4	2	4	2	4	2	4	2	4	16
Genetic disorders	4	2	3	2	3	2	3	2	08
Renal tumours	3	1	4	1	4	1	4	1	04
Obstructive Uropathy	4	1	4	1	4	1	4	1	04
Brain tumours	4	1	4	1	4	1	4	1	04
Childhood strokes & degenerative brain disorders	4	1	4	1	4	1	4	1	04

PROCEDURES	4th Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 4th Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
B: Preventive Paediatrics									
Nutrition, evaluation and management	4	5	4	5	4	5	4	5	20
Assessment. Monitoring, and promotion of growth and development	4	5	4	5	4	5	4	5	20
Vaccination	4	5	4	5	4	5	4	5	20
Special education programs for handicapped and deprived children	4	2	4	2	4	2	4	2	08
School health service	4	1	4	1	4	1	4	1	04
Genetic Counselling	4	1	4	1	4	1	4	1	04
Lumbar puncture	4	5	4	5	4	5	4	5	20
Subdural tap	4	1	4	1	4	1	4	1	04
Pleural tap	4	2	4	2	4	2	4	2	08
Pericardial tap	4	1	4	1	4	1	4	1	04
Peritoneal tap	4	1	4	1	4	1	4	1	04
Supra pubic aspirate	4	1	4	1	4	1	4	1	04
Bone marrow aspirate	4	1	4	1	4	1	4	1	04
Bone marrow trephine	4	1	4	1	4	1	4	1	04
Direct laryngoscopy & endotracheal intubation	4	3	4	3	4	3	4	3	12

PROCEDURES	4th Year								
	03 Months		06 Months		09 Months		12 Months		Total Cases 4th Year
	Level	Cases	Level	Cases	Level	Cases	Level	Cases	
B: Preventive Paediatrics									
Cardio pulmonary resuscitation CPR	4	3	4	3	4	3	4	3	12
Neonatal resuscitation	4	5	4	5	4	5	4	5	20
Mechanical Ventilation	4	1	4	1	4	1	4	1	04
Defibrilation	4	1	4	1	4	1	4	1	04
Exchange transfusion	4	3	4	3	4	3	4	3	12
Needle biopsy of liver	4	1	4	1	4	1	4	1	04
Chest drain Pneumothorax/ empyema	4	1	4	1	4	1	4	1	04
Venesection	4	1	4	1	4	1	4	1	04
Emergency pneumothorax drainage, needle insertion	4	1	4	1	4	1	4	1	04
Peritoneal dialysis	4	1	4	1	4	1	4	1	04
GI endoscopy	2	1	2	1	2	1	2	1	04
Colonoscopy	2	1	2	1	2	1	2	1	04
Renal biopsy	2	1	2	1	3	1	3	1	04
Venous Cannulation	4	10	4	10	4	10	4	10	40
Umbilical artery cannulation	4	2	4	2	4	2	4	2	08
Peripheral artery cannulation	4	1	4	1	4	1	4	1	04
Procto sigmoidoscopy	4	1	4	1	4	1	4	1	04

ROTATIONS

The training program in Paediatrics will constitute three months rotations in the following:

- ❑ Neonatology*
- ❑ I.C.U
- ❑ Social & Preventive Paediatrics
- ❑ Infectious diseases/isolation
- ❑ Emergency/casualty

*Including normal newborn nursery and labour room rotations.

Preventive, social and community work includes:

- ❑ Immunization
- ❑ Breast feeding promotion and lactation
- ❑ Growth monitoring and evaluation
- ❑ Nutritional assessment and management
- ❑ Disability management and exposure to special ducational institution

Additionally 2 months each in any three of the following

- ❑ Obstetrics/ Perinatal Care
- ❑ Paediatric Surgery
- ❑ Paediatric Cardiology
- ❑ Paediatric Nephrology
- ❑ Paediatric Neurology
- ❑ Paediatric Dermatology
- ❑ Paediatric Haematology, Oncology
- ❑ Paediatric Gastroenterology
- ❑ Paediatric Rehabilitation medicine

MANDATORY WORKSHOPS

All mandatory workshops should be attended during the first two years of training. However the trainee will be required to take any additional workshop as may be introduced by the CPSP.

RESEARCH (DISSERTATION):

One of the training requirements for fellowship trainees is a dissertation or two research papers on a topic related to the field of specialization after obtaining the approval of synopsis. The dissertation or research paper must be submitted six months prior to the examination for which the trainees intend to sit in for.

E- LOG BOOK

The CPSP Council has made e-logbook mandatory for all residency programs trainees inducted in July 2011 and onwards. Upon registration with RTMC each trainee is allotted a registration number and a password to log on and make entries of all work performed and the academic activities undertaken in e-logbook on daily basis. The concerned supervisor is required to verify the entries made by the trainee. This system ensures timely entries by the trainee and prompt verification by the supervisor. It also helps in monitoring the progress of trainees and vigilance of supervisors.

ASSESSMENT

ELIGIBILITY REQUIREMENTS FOR FCPS PART-II EXAMINATION

The eligibility requirements for candidates appearing in FCPS Part II are:

- To have passed FCPS Part-I in Medicine and Allied, or been granted official exemption.
- To have undertaken two years of the specified training in Paediatrics, under a supervisor and in a institution approved by the CPSP on whole time basis.
- To provide certificate of having passed the Intermediate Module Examination in Paediatrics
- To have made regular entries and completed e-logbook
- To provide a certificate of approval of dissertation or acceptance of two research papers in CPSP approved journal (s).
- To provide a certificate of attendance of mandatory workshops.

EXAMINATION SCHEDULE

- The FCPS Part-II theory examination will be held twice a year.
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Lahore, Larkana Multan, Peshawar, Quetta and Rawalpindi, centers. The College shall decide where to hold oral/practical examination depending on the number of candidates in a city and shall inform the candidates accordingly.
- English shall be the medium of examination for the theory/ practical/ clinical and viva examinations.
- The College will notify of any change in the centers, the dates and format of the examination.
- A competent authority appointed by the College has the power to debar any candidate from any examination if it is satisfied that such a candidate is not a fit person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.
- Each successful candidate in the Fellowship examination shall be entitled to the award of a College Diploma after being elected by the College Council & payment registration fees and other dues.

EXAMINATION FEES

- Applications along with the prescribed examination fees and required documents must be submitted by the last date notified for this purpose before each examination.
- The details of examination fee and fees for change of center, subject, etc. shall be notified before each examination.
- Fees deposited for a particular examination shall not be carried over to the next examination in case of withdrawal/ absence/ exclusion.

REFUND OF FEES

- If, after submitting an application for examination, a candidate decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for withdrawal of applications.
- If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

FORMAT OF EXAMINATIONS

Every candidate vying for the Fellowship of the College of Physicians and Surgeons Pakistan must pass both parts of the Fellowship examination unless exemption is approved. The College in it's endeavor to improve and upgrade its examination system and make it more fair and candidate friendly will be introducing TOACS (Task Oriented Assessment of Clinical Skills) and MCQs in the near future. However any such changes will be made after notifying candidates well in advance.

PART I THEORY EXAMINATION

Two papers each of 3 hours duration:

Theory Examination:

Paper- I	10	Short Answer Questions (SAQs)	3hours
Paper- II	100	Multiple ChoiceQuestions (MCQs)	3hours

PART II CLINICAL EXAMINATION

Only those candidates who pass the theory examination will be eligible to appear in the clinical examination. Detailed instructions will be sent out to all candidates who pass the theory exam regarding the date and particulars of the clinical exam.

The Clinical examination consists of two components

- First component: TOACS
- Second component: One long case
  Four short cases

FORMAT OF TOACS

TOACS will comprise of 12-18 stations of 5 to 8 minutes each with a change time of one minute for the candidate to move from one station to the other. The stations would have an examiner, a patient or both. Structured clinical tasks will be set at each station. The examiners using a global rating scale will assess the performance of each candidate. On stations where no examiner is present the candidates will have to submit written responses to short answer questions on a response sheet.

There will be two types of stations: static and interactive. On static stations the candidate will be presented with patient data, a clinical problem or a research study and will be asked to give written responses to questions asked. In the interactive stations the candidate will have to perform a procedure, for example, taking history, performing clinical examination, counseling, assembling an instrument etc. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem-solving skills.

FORMAT OF LONG CASE

Each candidate will be allotted one long case and allowed 30 minutes for history taking and clinical examination. Candidates should take a careful history from the patient (or relative) and after a thorough physical examination identify the problems which the patient presents with. During the period a pair of examiners will observe the candidate. In this section the candidates will be assessed on the following areas:

INTERVIEWING SKILLS

- Introduces one self Listens patiently and is polite with the patient.
- Is able to extract relevant information.

CLINICAL EXAMINATION SKILLS

- Takes informed consent
- Uses correct clinical methods systematically (including appropriate exposure and re-draping).

CASE PRESENTATION/ DISCUSSION

- Presents skillfully
- Gives correct findings
- Gives logical interpretations of findings and discusses differential diagnosis.
- Enumerates and justifies relevant investigations.
- Outlines and justifies treatment plan (including rehabilitation).
- Discusses prevention and prognosis.
- Has knowledge of recent advances relevant to the case.
- During case discussion the candidate may ask the examiners for laboratory investigations which shall be provided, if available. Even if they are not available and are relevant, candidates will receive credit for the suggestion.

FORMAT OF SHORT CASES

Candidates will be examined in at least four short cases for a total of 40 minutes jointly by a pair of examiners. Candidates will be given a specific task to perform on patients, one case at a time. During this part of the examination, the candidate will be assessed in:

CLINICAL EXAMINATION SKILLS

- Takes informed consent.
- Uses correct clinical methods including appropriate exposure and re-draping.
- Examines systematically.

DISCUSSION

- Gives correct findings.
- Gives logical interpretations of findings.
- Justifies diagnosis.

As the time for this section is short, the answers given by the candidates should be precise, succinct and relevant to the patient under discussion.

THE COLLEGE RESERVES THE RIGHT TO ALTER/AMEND ANY RULES/REGULATIONS

Any decision taken by the College on the interpretation of these regulations will be binding on the applicant.

USEFUL ADDRESSES AND TELEPHONE NUMBERS

1. Regional Offices of the CPSP

MUZAFFARABAD
CMH Muzaffarabad
Azad Kashmir
TEL: 05822-920998
Email:rc_muzaffarabad@cpsp.edu.pk

ABBOTTABAD
Ayub Hospital Complex
Abbottabad
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PESHAWAR
Hayatabad Medical Complex
Phase IV, Hayatabad,
Peshawar
UAN: 091-111-666-666
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FAX: 091-9217062
Email: rc_peshawar@cpsp.edu.pk

ISLAMABAD
P.I.M.S, Ravi Road, Sector G- 8/ 3
Islamabad.
UAN: 051-111-666-666
TEL: 051-9262590-1,
FAX: 051-9262592
Email: rc_islamabad@cpsp.edu.pk

FAISALABAD
Punjab Medical College
Faisalabad
UAN: 041-111-666-666
TEL: 041-9210131, 9210366-8
FAX: 041-9210224
Email: rc_faisalabad@cpsp.edu.pk

LAHORE
Next to INMOL, Hospital
New Muslim Town, Block-D
Lahore.
UAN: 042-111-666-666
TEL: 042- 9231320-8
FAX: 042- 9231327
Email: rc_lahore@cpsp.edu.pk

MULTAN
Nishtar Medical College,
Distt. Jail Road, Opp Circuit House,
Multan.
UAN: 061-111-666-666
TEL: 061-9200946, 9200952
Email: rc_multan@cpsp.edu.pk

BAHAWALPUR
Quaid-e-Azam Medical College
Bahawalpur
TEL: 062- 9250461
Email: rc_bahawalpur@cpsp.edu.pk

NAWABSHAH
Peoples Medical College for Girls
Nawabshah
TEL: 0244-9370271, 9370479
FAX: 0244-9370478
Email: rc_nawabshah@cpsp.edu.pk

LARKANA
Chandka Medical College
Larkana
TEL: 074 – 9410726
Email: rc_larkana@cpsp.edu.pk

HYDERABAD

Adjacent to Sir Cowasji Jehangir
Institute of Psychiatry,
Hyderabad, Sindh.
TEL: 022-3860056
FAX: 022-3860057
Email: rc_hyderabad@cpsp.edu.pk

QUETTA

Near Cenar Hospital,
Off: Brewery Road, Quetta
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FAX: 081-2853326
Email: rc_quetta@cpsp.edu.pk

KARACHI

2. **Departments of CPSP Karachi**

UAN – 021-111-606-606

- Department of Medical Education
  99207100 -10 Ext: 235/240
- Examination (FCPS Part I)
  99207100 -10 Ext: 311
- Examination (FCPS Part II)
  99207100 -10 Ext: 215
- Registration, Training & Monitoring Cell
  99207100 -10 Ext: 345 & 324

For further Information:
Phone: 99207100-10
UAN 111-606-606
Facsimile: 99266450
Website: www.cpsp.edu.pk

OVERSEAS CPSP CENTRES

3. **Saudi Arabia**

RIYADH

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Kingdom of Saudi Arabia
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4. **Nepal**

KATHMANDU

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FCPS
Paediatrics

Guidelines for Formative Assessment

FORMATIVE ASSESSMENT

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter & spirit, is introducing Work Place Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with, College is introducing Mini-Clinical Evaluation Exercise & Direct Observation Procedural Skills to ensure that the graduates are fully equipped with the clinical competencies.

- Workplace-Based Assessment (WPBA) tools are entirely formative and should be accompanied by constructive feedback.
- Each Mini Clinical Evaluation Exercise (Mini-CEX) or Direct Observation of Procedural Skills (DOPS) encounter lasts approximately 20 minutes, with an additional 5 minutes allocated for feedback and further action planning.
- The topics outlined below should be addressed according to the specified yearly schedule. Each time, the focus should shift to a different area, procedure or topic. ***(At least two Mini-CEX & two DOPS encountes should be completed each quarter).***
- The resident has the onus to report to the parent supervisor when they are prepared to appear for either a Mini-CEX or DOPS session.
- The parent supervisor is responsible for arranging WPBA sessions and may conduct the assessment themselves or delegate it to another competent faculty member or assessor within the department.
- Direct observation of the encounter by the Assessor is a must, followed immediately by specific and constructive feedback to the resident.
- If the Supervisor/Assessor feels that the DOPS assessment of a particular procedure selected from the given list would take longer than the prescribed time of 20 minutes for the performance and assessment, then essential steps or parts of the procedure may be mutually agreed upon between the Resident and Assessor/Supervisor, and the DOPS may be conducted accordingly.
- The prescribed assessment forms (sample provided below) are available on the e-portals of both the parent supervisors and the residents. If the parent supervisor conducts the assessment, they are responsible for completing the form and making digital entries via their e-portal. Digital entries can be made directly via a mobile phone or other digital device without the need to first fill out a hard copy. If the assessment is conducted by another assessor, the resident must retrieve the online form from their e-portal and provide it to the assessor. After completing the assessment, the assessor will coordinate with the parent supervisor and hand over the filled form for digital entry.
- Once the parent supervisor has entered the assessment details, the resident must provide their reflection and indicate their satisfaction with the encounter through their e-portal.
- Entries from both the supervisor and the resident are saved in the e-portal database and are visible to both parties.
- In case of unsatisfactory performance of the resident on any of the prescribed WPBAs, a remedial has to be completed within the stipulated time frame.
- Non-compliance by the resident has to be reported in the quarterly feedback.

Mini-Clinical Evaluation Exercise (Mini-CEX)

Mini-CEX encounters will be arranged (by the Supervisor) to cover/assess skills essential to provision of good clinical care including History taking, Physical Examination, Clinical Judgment & Decision making, Management & Communication skills.

Topics for Mini-CEX

1st Year

- Assessment of Hydration Status
- Assessment of Growth (Anthropometric Measurement & Plotting)
- Triage of Acutely Ill Child
- Assessment of a Healthy Newborn
- Assessment of a Comatose Child
- Assessment of a Child With Respiratory Distress
- Assessment of the Nutrition Status
- Assessment of a Convulsing Child
- Assessment of an Unwell Neonate
- Approach to a Neonate with Prolonged Neonatal Jaundice

2nd Year

- Assessment of a Child with PUO
- Assessment of a Child with Shock (Septic Shock etc)
- Assessment of a Child with Acute Abdominal Pain
- Developmental Assessment
- Assessment of a Child with Skin Rash
- Assessment of a Child with Chronic Diarrhea
- Assessment of a Child with Chronic Abdominal Pain
- Assessment of a Child with Chronic Anaemia (Thalassaemia)
- Assessment of a Child with Generalised Lymphadenopathy
- Assessment of a Child with Bleeding Diathesis

3rd Year

- Assessment of a Child on Mechanical Ventilation
- Assessment of a Child with Developmental Delay
- Assessment of a Child with Chronic Arthritis
- Assessment of a Child with Speech Delay
- Assessment of a Newborn/Child with Excessive Cry
- Assessment of a Child with Short Stature
- Assessment of a Child with Recurrent Respiratory Symptoms
- Assessment of a Child with Failure to Thrive
- Assessment of a Child with Heart Murmur
- Assessment of a Child with Heart Failure

4th Year

- Management planning for a child with DKA
- Assessment of a Child/Neonate with Persistent Hypoglycemia
- Assessment of a Child with Behaviour Problems
- Assessment of a Child with Metabolic Acidosis
- Assessment of a Child with Chronic Constipation
- Assessment of a Child with Ambiguous Genitalia
- Assessment of a Child with Suspected Poisoning
- Assessment of a Neonate with Respiratory Distress
- Assessment of a Premature Baby
- Assessment of a Child with Suspected Immune Deficiency

COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

MINI CLINICAL EVALUATION EXERCISE (Mini-CEX)

Specialty: ____FCPS PAEDIATRICS____

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: □ R1 □ R2 □ R3 □ R4

Quarter: □ 1st □ 2nd □ 3rd □ 4th

Setting: □ Ward □Outdoor(Hospital/Community) Others: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Clinical Area: _____

Complexity of Case/ Procedure: □ Low/Easy □ Moderate/Average □ High/Difficult □ N/A

Focus of Clinical Encounters: □ History taking □ Physical Examination □ Clinical Judgment & Decision making □ Management □ Communication Skills □Other

Please grade the following areas on the given scale:	**Not Observed / Applicable**	**Below Expectation**		**Satisfactory**	**Above Expectation**	**Excellent**
		1	2	3	4	5
Informed Consent of patient						
Interviewing Skills						
Systematic Progression						
Presentation of positive & significant negative findings						
Justification of actions						
Professionalism						
Organization/Efficiency						
Overall clinical competence						

Assessor's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Strengths	**Suggestions for Improvement**

Encounter to be repeated □ YES □ NO

Assessor's Signature

Direct Observation of Procedural Skills (DOPS)

Topics' List for DOPS

1st Year

- Intravenous Cannulation
- Lumbar Puncture
- Urinary Bladder Catheterisation
- Hand Hygiene
- PPE Donning & Doffing
- Placement of Oropharyngeal Airway
- Nasogastric Tube Placement
- Basic Life Support

2nd Year

- Endotracheal Intubation
- Arterial Blood Sampling
- Needle Thoracotomy
- Defibrillation / Cardioversion
- Resuscitation of High Risk Baby
- Umbilical V/A Catheterisation
- Administration of Surfactant
- Setting of bCPAP

3rd Year

- Administration of Vaccines
- Mantoux Test
- Insertion of Intraosseous Needle
- Exchange Transfusion
- Chest Tube Insertion
- Peritoneal Tap
- Peak Flow Measurement
- Recording of ECG

4th Year

- Endotracheal Intubation
- Defibrillation / Cardioversion
- Resuscitation of High Risk Baby
- Umbilical V/A Catheterisation
- Advanced Resuscitation
- Setting Up Mechanical Ventilator
- Peritoneal Dialysis
- Renal Biopsy / Liver Biopsy / Bone Marrow Biopsy / Subdural Tap / Ventricular Tap / Pericardial Tap

COLLEGE OF
OF PHYSICIANS
AND SURGEONS
PAKISTAN

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

Specialty: FCPS PAEDIATRICS

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: □ R1 □ R2 □ R3 □ R4

Quarter: □ 1st □ 2nd □ 3rd □ 4th

Setting: □ O.T □ Procedure Room □ Other:

Diagnosis of Patient: _____Patient Age:_____ Sex : _____

Name of Procedure: _____

Complexity of Case/ Procedure: □ Low/Easy □ Moderate/Average □ High/Difficult □ N/A

Number of times procedure performed by Resident:_____

Please grade the following areas on the given scale:	**Not Observed / Applicable**	**Below Expectation**		**Satisfactory**	**Above Expectation**	**Excellent**
		1	2	3	4	5
Indications, anatomy & steps of procedure						
Informed consent, with explanation of procedure and complications						
Preparation for procedure						
Use of Anaesthesia, Analgesia or sedation						
Observance of asepsis						
Safe use of instruments						
Use of accepted techniques						
Management of unexpected event (or seeks help)						
Post-procedure instructions to patient and staff						
Professionalism						
Overall ability to perform whole procedure						

Assessor's Satisfaction with DOPS:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with DOPS:

(Low) 1 2 3 4 5 (High)

Strengths	**Suggestions for Improvement**

Encounter to be repeated □ YES □ NO

Assessor's Signature