

Paediatrics (hospital) post

GP Curriculum statements – 3.04

Care of Children and Young People

Learning Outcomes that could be delivered in Secondary care

1. Be able to take a focused paediatric history and skilfully, sensitively and confidently examine well and unwell adolescents, children and neonates, flexibly adapting their approach for different ages and cultural backgrounds
2. Be able to promptly recognise, assess, and instigate urgent management for, the acutely unwell or seriously ill child, and when necessary provide basic life support.
3. Be familiar with the epidemiology of paediatric outpatients, the natural history and management of conditions encountered, the significance of non-attending, and the importance of good communication and co-ordination between general practitioner, hospital specialist, and other professionals involved in child education and welfare.
4. Be familiar with the commoner conditions that may lead to hospitalisation of children, less common but “important not to miss” conditions that usually require hospitalisation, common neonatal problems, and the range of skills required to manage these, including communication, teamwork, prescribing and dose calculations in paediatric practice.
5. Be able to recognise the normal child and the considerable range of normality, and to use this knowledge to prevent harm by avoiding unnecessary investigations or anxiety in children or their families.
6. Be familiar with normal growth and development, developmental principles and concepts including key milestones, dissociation and global developmental delay, and be able to recognise failure to thrive and delayed development.
7. Be able to recognise, describe and document presentations, symptoms and signs that should raise the possibility of child abuse or neglect, referring to senior colleagues and/or other health or social care agencies where appropriate.
8. Understand the principle of paramountcy in child protection and how this may override the traditional family focus of the generalist practitioner.
9. Be aware of the presentation and commoner causes of developmental delay and learning disability, the importance of early recognition and prompt provision of help, and the role of hospital and community paediatric services in supporting these children and their families.
10. Recognise the potential opportunities to promote health in all contacts with children and young adults, and be familiar with the core components and philosophy of the Child Health Promotion Programme.

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-04-Children-and-Young-People.ashx>

Top Tips

Discuss your training needs with consultant in charge of GP trainees, Dr Francis Latcham at beginning of job.

There are teaching sessions each week. Each Trainee will have to deliver a teaching session (now around 3 sessions per rotation)– so it is good to build it in to your PDP and try and identify something that will be useful for you -> normally related to IP cases

Discuss early on, with other SHOs about cross cover and helping each other out on busy days, then you will be more likely to be able to attend teaching. Need to do early as post SHOs are GP Trainees – so can be difficult

Important learning outcomes:

- Paediatric history and examination,
- baby checks, - essential for the 6 week check in GP
- recognising sick children and the normal child,
- prescribing for children, drug calculations
- communication with parents and child
- developmental milestones/recognising developmental delay,
- Recognition of child abuse and safeguarding issues.

What to expect:

- Rotate between Holly Ward, Holly Assessment, SCBU, Nights, Clinics, Post-natal, Community Paeds
- Read the new Paeds Survival Guide (from department)
- Get laminated cards
- Important to do PILS course early on. Get help at deliveries from the registrar until you feel comfortable.
- Before the placement revise common presentations in children: abdo pain, UTI, constipation, rash, pyrexia, croup, chest infection, asthma and seizures). <https://www.spottingthesickchild.com> – useful website
- Anxiety over blood taking – get on and do it, you'll get better at it. Start with older age groups and work downwards. If struggling suggest the play therapist for distraction. Always have a member of staff with you (nurse, play specialist, other doctor)
- Normal values for paediatric vital signs-may be useful to laminate a ready reckoner which fits into your pocket
- Try to attend clinics – allergy, respiratory, neurology, enuresis, constipation, baby clinic (ex prems)
- Paed dept teaching – good, structured sessions – three per week. You may be involved with teaching students too. Lots of presentations are saved on the in the seminar room. Some found it difficult to attend VTS but you should be able to arrange cover with your colleagues – let them know it is important for you. Approachable and friendly. Excellent handovers and teaching on consultant ward rounds. Senior support is generally very good. And people expect to be called if you are unsure.
- Book onto a paed update course
- You have two 1 week blocks of baby check on Lilac Ward during rotation. Always ask about babies you are unsure about.
- SCBU – helpful to go and understand how it works for a limited time – can provide an opportunity for doing immunisations and DOPS on some babies. It may be possible to swap some time with colleagues during these weeks to work on Holly ward or the Postnatal ward instead. Make sure you are nice to the SCBU nurses and ask when you can examine/ take blood samples from the babies. Ask for a Badger password and update it on your SCBU week. Check the format used for SCBU ward round entries. On the Paeds intranet site there is a SCBU Handbook, this has a wealth of useful information. Check the sections on fluid prescription and new born baby checks prior to working on SCBU/Lilac. A lot of on-call time is spent here.
- Have allocated Community Week. Find out when your community days are. Need to book clinics via the Oak Tree Centre or Community Registrar. Try to attend school clinics, special school clinics and sessions with community nurses during community attachment (beneath Holly Ward). ADHD and autism clinic (CAMH) also recommended. Community contact as of September 14 is catherine.rands@nhs.net and Paeds SPR for the community
- Paed SHOs have to teach three times during the placement, can be relevant to GP trainees
- Arrange a day-swap with the Community Paeds VTS Trainee – as they will benefit from an extra day on the ward and this will give you an extra day in the community.
- Try and attend out-patient Clinics and see patients yourself and present to senior
- Teaching opportunities available
- Annual leave during 'float' week
- Well supported by Paeds SPR