

## **Appendix 1 – Essential Learning Activities**

House officers or medical officers interested in joining the paediatric programme must successfully complete the following ELAs.

- 1A Asthma
- 1B Acute gastroenteritis
- 1C Neonatal jaundice
- 1D Fits
- 1E Venepuncture
- 1F Immunisation
- 1G Consent for blood product transfusion

A successful completion of ELAs means that the trainees are able to complete the activities independently (trainees have to pass each item satisfactorily on the checklist). Each ELA has to be assessed and endorsed by a specialist (paediatrician, family medicine physician and emergency medicine physician or relevant specialist for the respective ELA). Assessment is documented in the attached forms (file names start with ELA 1A to ELA 1G). Completed forms are to be submitted during the application.

## ELA 1A– Asthma

<b>Activity</b>	<b>Acute exacerbation of asthma</b>
<b>Description (if necessary)</b>	<b>History, physical examination and initial management</b>

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

<b>Knowledge</b>	<b>Skill</b>	<b>Attitudes + Values</b>
History of current exacerbation <ul style="list-style-type: none"> <li>- triggers</li> <li>- severity of symptoms</li> <li>- exposure to cigarette smoke</li> </ul> Control <ul style="list-style-type: none"> <li>- triggers</li> <li>- interval symptoms</li> <li>- medications; technique and compliance</li> </ul> Risk factors <ul style="list-style-type: none"> <li>- personal and family history of atopy</li> </ul>	Physical examination <ul style="list-style-type: none"> <li>- look for respiratory distress, cyanosis</li> <li>- SPO2</li> <li>- Auscultate : recognizes wheezing or silent chest</li> </ul> Assesses severity of asthma exacerbation <ul style="list-style-type: none"> <li>- recognize life-threatening asthma</li> </ul> Prescribe oxygen, nebulized bronchodilators and steroids	Making the child comfortable Having a sense of urgency Establishing good rapport Empathy Knows when to call for help
<b>Example Behaviours</b>		
<b>Positive</b>	<b>Negative</b>	<b>Negative Passive</b>
Things that should be done, correct techniques or practices, things a trainee might do right	Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Getting a complete relevant history with adequate assessment in a timely manner  Obtaining clinical signs without causing too much distress	Under-assessment of severity of respiratory distress or hypoxia  Inappropriate use of investigations  Fail to reach a diagnosis  Inadequate or wrong prescription of medication  Rough-handling of child	Don't administer steroids and oxygen
Assessor's comments		
Assessor's details : <ol style="list-style-type: none"> <li>i. Name :</li> <li>ii. Designation :</li> <li>iii. Contact information (email and phone no)</li> </ol>		

## Appendix 1B – Acute gastroenteritis

<b>Activity</b>	<b>Acute gastroenteritis</b>
<b>Description (if necessary)</b>	<b>History, physical examination and initial management</b>

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

<b>Knowledge</b>	<b>Skill</b>	<b>Attitudes + Values</b>
History taking <ul style="list-style-type: none"> <li>- clinical features of different types of diarrhea</li> <li>- dietary history</li> <li>- contact</li> <li>- assessment of severity of symptoms</li> </ul> Know the different etiology ORS preparation	Assessment of degree of dehydration  Interpreting laboratory data  Fluid and electrolyte management  Counseling/Discharge advice on prevention	Having a sense of urgency Knowing when to call for help
<b>Example Behaviours</b>		
<b>Positive</b>	<b>Negative</b>	<b>Negative Passive</b>
Things that should be done, correct techniques or practices, things a trainee might do right	Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Demonstrates ability to gather, filter, prioritize, and connect pieces of information (e.g., vital signs, focused physical exam, pertinent medical history, recent test or procedures, medications) to form a patient-specific differential diagnosis, initiate interventions, and drive testing decisions.  Develop patient centred examination techniques	Delays seeking help  Uses clinical jargon when communicating with patient and family  Orders inappropriate investigations	Fail to identify and respond to critical values (vital signs, laboratory investigations)  Errors of omission when documenting the clinical encounter
<b>Assessment / Evidence</b>		
Assessor's comments  Assessor's details : <ul style="list-style-type: none"> <li>iv. Name :</li> <li>v. Designation :</li> <li>vi. Contact information (email and phone no)</li> </ul>		

## Appendix 1C – Neonatal Jaundice

<b>Activity</b>	<b>Neonatal jaundice</b>
<b>Description (if necessary)</b>	<b>Differential diagnoses and management neonatal jaundice</b>

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

<b>Knowledge</b>	<b>Skill</b>	<b>Attitudes + Values</b>
Causes of neonatal jaundice (physiological vs pathological jaundice)  Principles of investigation and management	Identify level of severity  Administer phototherapy in a safe and effective way  Interpret results of investigations	Optimise physical environment to minimize mother and baby's separation and interruption of breastfeeding  Empathy
<b>Example Behaviours</b>		
<b>Positive</b> Things that should be done, correct techniques or practices, things a trainee might do right	<b>Negative</b> Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	<b>Negative Passive</b> Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Logical approach to identifying the cause of neonatal jaundice  Prioritise a procedure / therapy taking into account clinical urgency (urgent serum bilirubin, exchange transfusion)	Giving inappropriate advice eg stopping breastfeeding  Delay in instituting therapy  Failure to take preventive measures against the potential side effects of phototherapy	Ignoring maternal concerns or distress  Fail to educate on causes of neonatal jaundice
<b>Assessment / Evidence</b>		
Assessor's comments		
Assessor's details : i. Name : ii. Designation : iii. Contact information (email and phone no)		

## Appendix 1D – Fits

<b>Activity</b>	<b>Fits</b>
<b>Description (if necessary)</b>	<b>Acute management of fits</b>

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

<b>Knowledge</b>	<b>Skill</b>	<b>Attitudes + Values</b>
<p>Causes of fits (febrile vs afebrile)</p> <p>Knowledge on the common anti-epileptics</p> <p>Know the relevant investigations in a child presenting with fits</p>	<p>Airway management in a fitting child</p> <p>Recognising treatable causes</p> <p>Administer immediate treatment to abort the fits</p> <p>Proper documentation in an emergency setting</p>	<p>Have a sense of urgency</p> <p>Understanding parents' concerns in an emergency setting</p>
<b>Example Behaviours</b>		
<b>Positive</b>	<b>Negative</b>	<b>Negative Passive</b>
<p>Things that should be done, correct techniques or practices, things a trainee might do right</p>	<p>Things that should not be done, incorrect techniques or practices, things a trainee might do wrong</p>	<p>Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do</p>
<p>Adapts communication and documentation to context or purpose</p> <p>Can filter, synthesize, and prioritize information and recognize patterns.</p> <p>Use healthcare team members according to their roles and responsibilities to increase efficiency</p>	<p>Delay or wrong administration of drugs</p> <p>No information given to parents, or wrong advice to parents</p>	<p>Failure to recognize treatable causes of seizures</p> <p>Fail to give clear instructions during emergency situations</p> <p>Delays seeking help due to pride, anxiety, fear, and/or an inadequate awareness of personal limitations</p>
<b>Assessment / Evidence</b>		
<p>Assessor's comments</p> <p>Assessor's details :</p> <p>i. Name :</p> <p>ii. Designation :</p> <p>iii. Contact information (email and phone no)</p>		

## Appendix 1E – Venepuncture

<b>Activity</b>	<b>Procedures</b>
<b>Description (if necessary)</b>	<b>Setting line and taking blood</b>

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

<b>Knowledge</b>	<b>Skill</b>	<b>Attitudes + Values</b>
<p>Understand key issues in performing a venesection or venipuncture such as, patient-specific factors, indications, contraindications, risks, benefits and potential complications.</p> <p>Understand available pain control measures for venesection/venipuncture</p> <p>Know the appropriate cannula size and the appropriate sites</p>	<p>Communication skills with parents and child prior to and during procedure</p> <p>Applies universal precaution and aseptic technique</p>	<p>Compassionate</p> <p>Know own limitation and when to call for help</p>
<b>Example Behaviours</b>		
<p><b>Positive</b></p> <p>Things that should be done, correct techniques or practices, things a trainee might do right</p>	<p><b>Negative</b></p> <p>Things that should not be done, incorrect techniques or practices, things a trainee might do wrong</p>	<p><b>Negative Passive</b></p> <p>Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do</p>
<p>Demonstrates the necessary preparation prior to procedure</p> <p>Knows and takes steps to mitigate complications of procedures including pain control</p>	<p>Uses universal precautions and aseptic technique inconsistently</p> <p>Poor technique</p> <p>Labeling error</p>	<p>Demonstrates a lack of confidence that results in an increase in patient's stress or discomfort or overconfidence that erodes trust</p>
<b>Assessment / Evidence</b>		
<p>Assessor's comments</p> <p>Assessor's details :</p> <ol style="list-style-type: none"> <li>i. Name :</li> <li>ii. Designation :</li> <li>iii. Contact information (email and phone no)</li> </ol>		

## Appendix 1F – Counselling for Immunisation

<b>Activity</b>	<b>Immunisation</b>
<b>Description (if necessary)</b>	<b>Counseling for immunization (either role play or observed communication with the parents)</b>

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

<b>Knowledge</b>	<b>Skill</b>	<b>Attitudes + Values</b>
National vaccination schedule Types of vaccines Contraindication and side effects Site of administration and technique of administration		Respect Listening skills
<b>Example Behaviours</b>		
<b>Positive</b> Things that should be done, correct techniques or practices, things a trainee might do right	<b>Negative</b> Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	<b>Negative Passive</b> Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Follows the Expanded Program of Immunisation Engages in bidirectional communication with parents Uses evidence-based medicine Provide adequate advice post immunisation	Impolite approach Uses jargon Giving wrong information	Lack of conviction Lack of respect Failure to address parental concerns
<b>Assessment / Evidence</b>		
Assessor's comments		
Assessor's details : i. Name : ii. Designation : iii. Contact information (email and phone no)		

## Appendix 1G – Consent for blood transfusion

<b>Activity</b>	<b>Obtain consent</b>
<b>Description (if necessary)</b>	<b>Consent taking for blood product transfusion</b>

All items on the table below are examples, they do not constitute an exhaustive list in any aspect

<b>Knowledge</b>	<b>Skill</b>	<b>Attitudes + Values</b>
Understand elements of informed consent (indications, contraindications, risks, benefits, alternatives) for blood transfusion	Provide complete information  Uses bidirectional communication  Documents discussion and informed consent appropriately	Recognises emotional cues  Patience  Respecting patient's and family's values
<b>Example Behaviours</b>		
<b>Positive</b> Things that should be done, correct techniques or practices, things a trainee might do right	<b>Negative</b> Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	<b>Negative Passive</b> Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Verify indication for blood transfusion  Good documentation in a complete and timely fashion  Demonstrate respect for patient autonomy	Lack of knowledge  Fail to introduce oneself and role  Uses medical jargon  Coercing patients/parents to agree to blood transfusion	Selective omission of risk in blood transfusion Failed to recognize emotional cues
<b>Assessment / Evidence</b>		
Assessor's comments		
Assessor's details : i. Name : ii. Designation : iii. Contact information (email and phone no)		