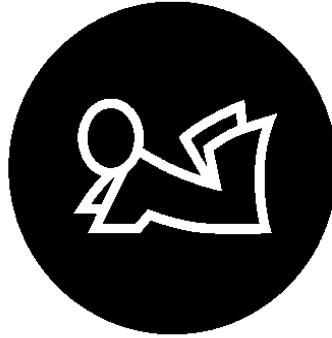


**ROYAL
CHILDREN'S
HOSPITAL**



JRMO Clinical Skills Plan

***Royal Children's Hospital, Melbourne
2008***

INTRODUCTION

The Clinical Skills Plan for JRMOs was devised through a comprehensive consultation.

We recommend that JRMOs use it for self-appraisal and as a prompt for feedback and discussion of skills with registrars and consultants.

Contact: Ms Jenny Gough
Medical Education Officer
The Royal Children's Hospital
Extension/pager: 6860

Web link for an electronic version of this document:

http://www.rch.org.au/jms/edu.cfm?doc_id=4681#jrmo

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FOR ALL TRAINEES

	How am I going?
1. History	
Features of paediatric history:	
<input type="checkbox"/> Perinatal history	
<input type="checkbox"/> Development (physical and psychological)	
<input type="checkbox"/> Growth	
<input type="checkbox"/> Spectrum of normal feeding	
<input type="checkbox"/> Sleep/behaviour (particularly in relation to the neonate and infant)	
<input type="checkbox"/> Immunisation	
<input type="checkbox"/> Social history – the child within the family/social/school/community and cultural context including parental education / employment	
<input type="checkbox"/> Risk screening in adolescent and use of the HEADSS screen	
<input type="checkbox"/> Relevant family history	

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1B FOR ALL TRAINEES continued

	How am I going?
2. Examination	
Understanding the importance of:	
<input type="checkbox"/> Use of observation alone to gain information	
<input type="checkbox"/> Being opportunistic & gentle	
<input type="checkbox"/> Play skills (eliciting within play)	
<input type="checkbox"/> Ability to put children of all ages at ease/safe/comfortable	
Specific examination processes:	
<input type="checkbox"/> Developmental	
<input type="checkbox"/> Neonatal	
<input type="checkbox"/> Infant	
<input type="checkbox"/> ENT	
<input type="checkbox"/> Fundoscopy	

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1B FOR ALL TRAINEES continued

	How am I going?
3. Problem Synthesis	
<input type="checkbox"/> Recognition of a sick child	
<input type="checkbox"/> Ability to differentiate when a presentation is serious or not	
<input type="checkbox"/> Identification of non-accidental injury	
<input type="checkbox"/> Good knowledge of common paediatric differential diagnoses (medical/ surgical/ behavioural/ psychological)	
4. Investigation	
<input type="checkbox"/> Having perspective and being selective with investigations (an emphasis on whether this test will change patient management/care)	
<input type="checkbox"/> Procedural pain management (non-pharmacological and pharmacological)	
Understanding:	
<input type="checkbox"/> What investigations involve	
<input type="checkbox"/> How to interpret them (in particular x-rays & baseline blood test)	
<input type="checkbox"/> Sensitivity/specificity	
<input type="checkbox"/> Positive & negative predictive value cost	

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1B FOR ALL TRAINEES continued

	How am I going?
5. Treatment	
<input type="checkbox"/> Adherence issues (particularly in relation to adolescents)	
<input type="checkbox"/> Pain management (non-pharmacological and pharmacological)	
<input type="checkbox"/> Safe prescribing	
<input type="checkbox"/> Weight-based paediatric prescribing	
<input type="checkbox"/> Pharmacology relating to children (paediatric specific side effects)	
<input type="checkbox"/> Legal responsibilities	
<input type="checkbox"/> Fluid management	
<input type="checkbox"/> Basic life support skills	
<input type="checkbox"/> Use of adrenaline for serious allergic reactions/anaphylaxis	
<input type="checkbox"/> An understanding of the treatment options for the common paediatric medical and surgical problems	

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1B FOR ALL TRAINEES continued

	How am I going?
6. Technical Competence in Procedures	
Minimum Skills to aim to attain:	
<input type="checkbox"/> Basic life support skills (airway opening manoeuvres, bag and mask ventilation, CPR)	
<input type="checkbox"/> Intravenous access (and associated taping and securing)	
<input type="checkbox"/> Venipuncture techniques and alternatives	
<input type="checkbox"/> Hand washing and infection control procedures	
<input type="checkbox"/> Safety/self protection	
Understand the principles of:	
<input type="checkbox"/> Intraosseous insertion	
<input type="checkbox"/> Urine collection techniques (SPA, Catheter Specimen, Clean Catch/MSU)	
Reduce anxiety and fears to help reduce pain related to procedures and increase coping:	
<input type="checkbox"/> Give the child a sense of mastery and avoid fear of subsequent procedures	
<input type="checkbox"/> Use developmentally appropriate preparation and coping skills	
<input type="checkbox"/> Integrate psychological and pharmacological techniques	
<input type="checkbox"/> Avoid the need for firm or aggressive restraint	

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1BFOR ALL TRAINEES continued

	How am I going?
7. Communication/Counselling	
Patient/ Family Interaction	
<input type="checkbox"/> A focus on a family centred approach/with an awareness of the social, cultural and community context	
<input type="checkbox"/> Listening skills	
<input type="checkbox"/> Validating and respecting families' feelings, understanding that parental and patient anxiety is a normal reaction	
<input type="checkbox"/> Developing appropriate reassurance techniques	
<input type="checkbox"/> Mediation (wants of parents, child and medical team)	
<input type="checkbox"/> Age and developmental stage appropriate communication (verbal and non verbal) including adolescents	
<input type="checkbox"/> Confidentiality	
Personal Response	
<input type="checkbox"/> Empathy/warmth/compassion/honesty/humility/kindness	
<input type="checkbox"/> An awareness of transference and counter transference of emotions/feelings and maintaining objectivity in this context	
<input type="checkbox"/> Effective communication with peers, allied health staff, community paediatricians and general practitioners, schools and maternal child health nurses	
Specific Situations	
<input type="checkbox"/> Inform and educating parents and children effectively	
<input type="checkbox"/> Breaking bad news	
<input type="checkbox"/> Use of interpreters (phone and in person)	
<input type="checkbox"/> An understanding of the informed consent policy and process	

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1BFOR ALL TRAINEES continued

	How am I going?
8. Management (Investigation & Treatment)- Key Principles	
<input type="checkbox"/> Out patient consulting skills	
<input type="checkbox"/> Care planning skills	
<input type="checkbox"/> Transition to adult care	
<input type="checkbox"/> Early discharge planning	
<input type="checkbox"/> Use of guidelines and clinical pathways	
<input type="checkbox"/> Multidisciplinary team approach	
<input type="checkbox"/> Liaising and working with allied health, community resources, general practitioners as part of the management plan	
<input type="checkbox"/> Ensuring adequate follow up	
<input type="checkbox"/> Awareness of community based resources and access to them – maternal child health nurses, GP's allied health	
Focus on a family centred approach to the management plan	
<input type="checkbox"/> Being in partnership with parents/family formulating a management plan	
<input type="checkbox"/> Awareness of practicalities of a management plan for the particular family	
<input type="checkbox"/> Flexible thinking	

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1B FOR ALL TRAINEES continued

	How am I going?
9. Critical Decision Making	
<input type="checkbox"/> Recognition of the sick child/neonate – and ability to start resuscitation	
<input type="checkbox"/> Recognition of shock	
<input type="checkbox"/> Recognition of anaphylaxis	
<input type="checkbox"/> When to call for help and which resources to access	
<input type="checkbox"/> Recognising, understanding and responding to patient/parent aggression, and personal safety in this context	
<input type="checkbox"/> Recognition and management of child abuse	

A For Specific Vocational Training: GP Trainees

History

- Immunisation
- Learning / education experiences
- Nutrition

Examination

- Developmental examination
- Neonatal examination
- Nutritional assessment

Problem Synthesis

- Age related perspective with differential diagnosis; understanding of the epidemiology of childhood illness
- Ability to recognise developmental concerns

Management (Investigation and Treatment) – key principles

- Procedural pain management (non-pharmacological and pharmacological)
- Out patient consulting skills
- Care planning skills
- Transition to adult care
- Early discharge planning
- Awareness of community based resources and access to them – maternal child health nurses, GP's, allied health, community paediatrician

Treatment

- Preventive medicine skills in the paediatric context (including growth, obesity, development, parental and adolescent smoking, household safety, accident prevention)
- Awareness of community based resources and access to them – maternal child health nurses, GPs

5B For Specific Vocational Training: GP Trainees continued

Technical Competence in Procedures

Skills to attain:

- Immunisation
- Plastering/ back slab application
- Foreign body removal
- Suturing

Understand the principles of:

- Urine collection techniques
- Nasogastric insertion

Communication/ Counselling

- Issues of suicide, depression and anxiety in the paediatric/adolescent context

Critical Decision Making

- Recognition, understanding and responding to parents with mental illness

B For Specific Vocational Training: Surgical Trainees

History

- Anaesthetic risk

Examination

- Approach to assessing wounds/burns
- Inguinoscrotal examination
- Approach to trauma

Problem Synthesis

- Good knowledge of paediatric surgical differential diagnosis
- Approach to child with trauma

Management (Investigation and Treatment) – key principles

- Approach to trauma management
- Out patient consulting skills
- Early discharge planning
- Post operative care

Investigation

- Effective use and role of sedation and analgesia in relation to investigations
- procedural pain management (non-pharmacological and pharmacological)

Treatment

- Fluid management
- Skills in estimating weight (weight formulae)
- Use of sedation

6B For Specific Vocational Training: Surgical Trainees continued

Technical Competence in Procedures

Skills to attain:

- Use of sedation and analgesia
- Foreign body removal
- Nasogastric tube insertion
- Plastering
- Wound management
- Basic suturing
- Urinary catheters
- Cervical spine immobilisation
- Reducing inguinal herniae
- Reducing paraphimosis

Understand the principles of:

- Practical surgical skills
- Repair/ replace/ unblock gastrostomy
- Repair/ unblock HICKMAN®/ BROVIAC® line
(HICKMAN and BROVIAC are registered trade marks of C.R. Bard, Inc)
- Tapping fontanelle
- Burr holes
- Passage of a drain

Communication/ Counselling

- Understanding and practical experience in the informed consent process

C For Specific Vocational Training: Paediatric Trainees

History

- Immunisation
- Learning/ education experiences
- Nutrition

Examination

- Developmental examination
- Neonatal examination
- Nutritional assessment

Problem Synthesis

- Age related perspective with differential diagnosis; understanding of the epidemiology of childhood illness
- Ability to recognise developmental concerns

Management (Investigation and Treatment) – key principles

- Out patient consulting skills
- Care planning skills
- Transition to adult care
- Early discharge planning
- Awareness of community based resources and access to them – maternal child health nurses, GP's, allied health, community paediatrician

Investigations

- Effective use and role of sedation and analgesia in relation to investigations
- Procedural pain management (non-pharmacological and pharmacological)

7B For Specific Vocational Training: Paediatric Trainees continued

Treatment

- Preventive medicine skills in the paediatric context (including growth, obesity, development, parental and adolescent smoking household safety, accident prevention)
- Fluid management
- Skills in estimating weight (weight formulae)
- Use of sedation

Technical Competence in Procedures

Additional skills to aim to attain:

- Use of sedation and analgesia
- Foreign body removal
- Intraosseous insertion
- Immunisation
- Nasogastric tube insertion
- Urinary catheter
- Suprapubic aspirates
- Lumbar punctures

Understand the principles of:

- Intubation skills
- Neonatal resuscitation skills

Communication/ Counselling

- Issues of suicide, depression and anxiety in the paediatric/adolescent context

Critical Decision Making

- Recognition of the sick child/neonate – and ability to start and continue resuscitation
- Recognising, understanding and responding to parents with mental illness

D For Specific Vocational Training: Emergency Trainees

History

- Immunisation

Examination

- Approach to assessing wounds/burns
- Approach to trauma

Problem Synthesis

- Approach to the child with trauma

Management (Investigation and Treatment) – key principles

- Approach to trauma management
- Ensuring adequate follow up
- Awareness of community based resources and access to them – maternal child health nurses, GP's, allied health, community paediatricians

Investigation

- Effective use and role of sedation and analgesia in relation to investigations
- Procedural pain management (non-pharmacological and pharmacological)

Treatment

- Fluid management
- Skills in estimating weight (weight formulae)
- Use of sedation
- Household safety, and accident prevention

8B For Specific Vocational Training: Emergency Trainees continued

Technical Competence in Procedures

Skills to attain:

- Foreign body removal
- Use of sedation and analgesia
- Immunisation
- Nasogastric tube insertion
- Plastering/ back slab application
- Wound management
- Basic suturing
- Urinary catheters
- Slit lamp use
- Cervical spine immobilisation
- Intubation skills
- Intraosseous insertion

Understand the principles of:

- Practical surgical skills
- Neonatal resuscitation
- Tapping fontanelles
- Burr holes
- Passage of a drain

Critical Decision Making

- Recognition of the sick child/neonate – and ability to start and continue resuscitation
- Recognition of when a patient may need transfer

THE DO'S AND DON'TS OF DOCUMENTATION AT RCH

Do Write:

- Date and time of your entry
- Purpose of entry eg admission notes, planned review, asked to see patient, end of shift report
- History and examination findings – be succinct
- Assessment of current situation
- Plan what needs to happen now and later
- Print name and sign
- Position, pager number/contact details

Don't Write:

- A repeat of clinical details as previously written – this wastes time, yours and others'
- Anything unpleasant, rude or critical of parents, patients or staff
- Any backdated entries or changes to existing entries

DISCHARGE SUMMARIES – MINIMAL REQUIREMENTS

Concise and relevant discharge summaries for patient discharge help to ensure patient safety and quality of care continues after your patient goes home.

Attend to the following:

- Specify follow-up care arranged by the hospital (o/p clinics, tests etc)
- Include clear requests/directions to the GP as relevant
- Avoid abbreviations
- Give patient a copy before/as they leave hospital
- Call the GP if information is time-critical
- Complete prior to discharge or within 24 hours post-discharge

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